



SDEMSA

PARAMEDIC of the YEAR

REQUIREMENTS:

- Nominee must be an SDEMSA member
- Nominee must have been an EMT for a minimum of 2 years

Submit a nomination for Paramedic of the Year by completing the following steps:

1. complete the General Information (* = required information)
2. attach your nomination statement and up to three letters or articles supporting the nominee. Nomination statements should be up to 1,000 words and saved in Word format. The criteria for which the nominees will be considered is listed below.
3. attach up to three (3) letters or articles of support for the nominee.

Criteria: Nominees will be considered based on the following criteria. Your nomination statement should include information on how the nominee:

- Provides superior patient care;
- Is an effective advocate for patients and their families;
- Works with peers to foster a positive work environment;
- Demonstrates professionalism in interacting with patients, their families and other medical professionals;
- Demonstrates his/her commitment to continuing professional education; and
- Any other relevant information provided in support of the nominee.

GENERAL INFORMATION

Nominee's First Name *-----

Nominee's Last Name *-----

Mailing Address *-----

City, State, Zip code*-----

Phone numbers (cell and home)*-----

Email Address *-----

Nominee's Current Certification Level *-----

Nominee's EMS Agency *-----

Nominee's family members information *-----

Nominator's Name *-----

Nominator's Mailing Address *-----

City, State, Zip code*-----

Nominator's phone numbers (cell and home)*-----

Email Address *-----

Relationship to Nominee *-----



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Any other info Nominator wishes to include:-----

Please submit your nomination to your **District President** in time so the district's choice can be to the State President before July 1. ALL APPLICATION DOCUMENTS MUST BE EMAILED.