



ARKANSAS EMT ASSOCIATION

EMT OF THE YEAR NOMINATION PACKET

Rules for Submitting Nominations

- 1. INTENT:** The AEMTA EMT of the Year award is designed to recognize individuals who have **significantly contributed to** local, state and national provision, development and/or improvement of prehospital care delivery. This award should reflect both **past and present contributions**.

The nomination packet should present a “wide picture” of the nominee’s experience in EMS field. Packet should contain enough information that each nomination can be fairly and objectively rated.
- 2. SIZE:** To allow for ease of evaluation of the packets, all nominations must be completed using the Official AEMTA Nomination face sheet Information page. Supplemental information such as support letters or copies of newspaper articles maybe submitted on **8 1/2" by 11" paper** and attached to the rear of the nomination packet or on **CD ROM in Microsoft Word format**. Nominations are **not to exceed twenty pages in length (Paper) / forty pages (CD)**; however, if printed may be printed on both sides of the page. **All nominations if on paper must be enclosed in a report cover, securely fastened along the left margin. Or if on CD must be in individual protected covers marked “EMT Nomination”.**
- 3. FORMAT:** All nominations **must include the AEMTA information face sheet**. Typewritten or computer printed nominations are expected but not absolutely required. Photographs and newspaper articles, etc. may be affixed to the document to further emphasize local, state or national involvement of the candidate. Audiovisual materials, such as videotapes, movies or slides, will not be accepted.
- 4. COPIES:** The **original and five copies** of each nominee's award nomination packet must be submitted. **Nominations containing less than the required number will not be accepted.**
- 5. DEADLINE:** The deadline for entries is **July 20, 2018.** Entries postmarked after this date **will not be accepted.**
- 6. JUDGING:** The AEMTA Basic EMT of the Year Award Committee will objectively score nominations. A panel of five members will make the decision. This committee may include but is not limited to some of the past Basic EMT of the Year recipients. Each nominee has the right to have one representative attend the judging process. However, they will not be allowed to have input on the Judges decision

Unsuccessful nominations previously submitted must be completely updated before being resubmitted. Care must be taken to assure that letters of support refer to the award for which the person is being nominated (EMT of The Year).

Persons preparing nominations are advised that, although not strictly required, supporting documentation and complete applications are vital requirements for a successful nomination. Submitting only the face sheet or a single page document in support of a nomination rarely results in a favorable outcome.

7. INFORMATION TO INCLUDE: Any information that nominators deem worthy, letters of recommendation, letters of support, volunteer service, awards, citations, medals, positions, etc. Any information sent directly the AEMTA address or award committee that is not included within the packet, will not be considered or returned. The packet must be complete upon receipt at the AEMTA address.

8. MAILING INSTRUCTIONS/QUESTIONS: Please mail the completed packets to the address to:

Tonia Hale
1701 East Beebe Capps Expressway
Searcy, AR 72143

If you have any questions, please contact Tonia Hale at: (501) 593-1383. You can also e-mail your questions to: tonia@northstarems.us

***** The rules for nomination pages are not to be included in nomination package. *****



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NOMINEE:

Name: _____

Address: _____ **City:** _____ **State:** _____

Current EMS Certification / License level: _____ **Year gained:** _____

State License Number: _____ **National Certification Number:** _____

Past EMS Certification / License level: _____ *Year gained:* _____ *NA* _____

Past EMS Certification / License level: _____ *Year gained:* _____ *NA* _____

Past EMS Certification / License level: _____ *Year gained:* _____ *NA* _____

Primary Service / Department Name: _____

Address: _____ **City:** _____ **State:** _____

Type of Service _____ **Phone #** _____

Secondary Service / Dept. Name: _____ *NA* _____

Address: _____ *Phone #:* _____

Secondary Service / Dept. Name: _____ *NA* _____

Address: _____ *Phone #:* _____

NOMINATOR:

Nominators Name: _____

Address: _____ **City:** _____ **State:** _____

Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____

Email Address: _____ **Relationship to nominee:** _____