



ARKANSAS EMR SOCIETY

Arkansas First Responder Service of the Year Packet

- 1. INTENT:** The Emergency Medical Responder Society's Service of the Year award is designed to recognize services that have **significantly contributed to** local, state and national provision, development and/or improvement of prehospital care and first response delivery. This award should reflect both **past and present contributions**. The nomination packet is designed to present a "wide picture" of the services role in EMS. The nomination packet is simply being used to gather enough information so that each nomination can be 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 "1st Responder Service Nomination"**.
- 3. FORMAT:** 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 agency. Audiovisual materials, such as videotapes, movies or slides, will not be accepted.
- 4. COPIES:** The **original and 3 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 First Responder Service of the Year Award Committee will objectively score nominations. A panel of three members will make the decision. Unsuccessful nominations previously submitted must be completely updated before being resubmitted. Persons preparing nominations are advised that, although not strictly required, supporting documentation and a complete application 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:** Recommendations, support letters, pictures, awards won, volunteer service, etc. Any information sent and not included within the package will not be considered or returned. The packet must be complete upon receipt at the address listed below.
- 8. REQUIREMENTS:** Any agency being nominated for First Responder Service of the Year must have the following requirements:
 - A. Provide non-transport emergency treatment with an organized group, service or Institution;
 - B. Have at least 1 member that is in good standing with the AEMTA and a member of the Emergency Medical Responders Society.
- 9. MAILING INSTRUCTIONS/QUESTIONS:** Please mail the completed packets to:

**Justin Womack
1700 Highway 63
Rison, AR 71665**

If you have any questions, please contact Justin Womack at (870) 370-7187 or email to: bigwo1986@yahoo.com.



ARKANSAS FIRST RESPONDER SOCIETY

Arkansas First Responder Service of the Year Application

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone #: _____ - _____ - _____

Agency highest ranking officer: _____

Phone #: _____ - _____ - _____ Other #: _____ - _____ - _____

A) Please answer the following questions to the best of your ability:

1. How many responders does this agency have? _____

2. How many responders are members of AEMTA? _____

3. How many responders are First Responder Society members? _____

4. How many years has agency provided first response? _____

5. Does this agency have medical control? _____

6. Does agency provide continuing education for responders? _____

7. Approximate number of medical responses in a year? _____

8. Please indicate the levels of responders in the agency:

1st Responder: _____ EMT: _____ Intermediate: _____

Paramedic: _____ RN/LPN: _____ Physician: _____

Other medical provider: _____

B) Nominators Name _____

Address _____

Phone # _____ Email _____

MAILED ON ____ / ____ / ____ TO:

**Justin Womack
1700 Highway 63
Rison, AR 71665**