

# MEDICAL DIRECTIVE SUPERVISOR AWARD

## NOMINATION FORM:

Name of nominee: \_\_\_\_\_

Nominee's job title: \_\_\_\_\_ Nominee's employer: \_\_\_\_\_

Nominee's immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of nominator: \_\_\_\_\_ Nominator's employer: \_\_\_\_\_

Nominators signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIREMENTS:

Nominee's must be one of the following:

- Medical Director
- CEO
- Director of Operations
- Program Director

Nominators should include a narrative summarizing the nominee's accomplishments and explain why he or she should receive this award.

**Deadline: Must be postmarked by July 20, 2018**

Send completed nomination packets to: AEMTA Medical Directive Supervisor Award  
Attn: Tonia Hale  
1701 East Beebe Capps Expressway  
Searcy, AR 72143

For questions please contact: Tonia Hale  
(501) 593-1383  
tonia@northstarems.us

**NOTE** – Attach any supporting documentation.

Date Received: \_\_\_\_\_

**Comments:**