

CNYEMS Regional CQI Committee Call Commendation Nomination Form

Date of Service _____

PCR # _____ - _____

List all agencies involved in the incident or patient care:

Reason for Nomination:

- Positive patient outcome related to EMS care
 Difficult or unusual circumstances handled appropriately
 Other: _____

Briefly describe the details of the call and the reason for nomination:

Thank you for submitting this nomination. Please include your contact information below. This is **required**.

Name _____
Address _____
Phone # _____
Email _____

For CNYEMS Use ONLY

- Unique circumstance exists
 NYS & CNYEMS Protocols followed
 Documentation complete
 Assessment/Impression/Treatment matches actual disposition
- Committee's Recommendation:
 CQI Review needed
 Commendation Letter to be issued
 Certificate of Excellence to be issued