



Central New York Regional Emergency Medical Services Council, Inc.

Jefferson Tower – Suite LL1
50 Presidential Plaza
Syracuse, New York 13202
www.cnyems.org

Phone: (315) 701-5707
(800) 295-2195
Fax: (315) 701-5709

**Regional EMS
Council**

President

Warren R. Darby

Vice -President

Robert Duell

Secretary

Linda Foster

Treasurer

Mark Murray

**Program Agency
Committee of the
REMSCO**

Chair

Robert Duell

David Butler
Warren R. Darby
Mark Murray
Linda Foster
Lon Fricano
Troy Hogue
James Jones
Peggy Merrill

Executive Director

Susie Surprenant

**Regional Medical
Director**

Daniel Olsson, DO

**Associate Medical
Director**

Joseph Markham, MD

Serving

Cayuga County
Cortland County
Onondaga County
Oswego County
Tompkins County

**Central New York Regional Council
EMS Awards**

Nominations needed for the following award categories:

Basic Life Support Provider of the Year
Advanced Life Support Provider of the Year
EMS Agency of the Year
Harriet C. Weber EMS Leadership Award
EMS Educator of Excellence
EMS Communications Specialist of the Year
Registered Nurse of Excellence
Physician of Excellence
Commissioner of Health's Award of Excellence in EMS Activities
Michael Jastremski, MD Award of Excellence in EMS

All nominations must be submitted to:

CNY EMS
Jefferson Tower, Suite LL1
50 Presidential Plaza
Syracuse, NY 13202

No later than May 11, 2012

Please call 315-701-5707 with any questions.



Central New York Regional Emergency Medical Services Council, Inc.

Jefferson Tower – Suite LL1
50 Presidential Plaza
Syracuse, New York 13202
www.cnyems.org

Phone: (315) 701-5707
(800) 295-2195
Fax: (315) 701-5709

Central New York Regional Council EMS Awards

DEFINITIONS of AWARDS

No later than May 11, 2012

Basic Life Support Provider of the Year

Criteria: Contributions by an individual to the community as a Certified First Responder (CFR) or as an EMT-Basic (EMT-B). For dedication, responsibility, professional behavior, ingenuity, special skill or insight in the EMS environment.
Eligibility: NYS certified CFR or EMT-B

Advanced Life Support Provider of the Year

Criteria: Contributions by an individual to the community as an Emergency Medical Technician-Intermediate (EMT-I), EMT-Critical Care Technician (EMT-CC) or Paramedic (EMT-P). For dedication, responsibility, professional behavior, ingenuity, special skill or insight in the EMS environment.
Eligibility: NYS certified EMT-I, EMT-CC, EMT-P.

EMS Agency of the Year

Criteria: Any agency which strives for consistency in EMS excellence and exhibits exemplary performance when providing or supporting prehospital emergency medical care.
Eligibility: NYS EMS agency that includes, but is not limited to, an ambulance service, ALSFR or BLSFR participating in their local EMS System.

Harriet C. Weber EMS Leadership Award

Criteria: Longevity, innovation/dedication, responsibility, executive and management skills in establishing, maintaining, promoting or expanding EMS organizations, agencies, committees at the community and/or state level.
Eligibility: EMS Agency leader; local, county, regional, state EMS leader; medical/nursing/or career EMS leader

EMS Educator of Excellence

Criteria: Individual who through outstanding teaching, educational administration/coordination, publication or research has significantly improved prehospital services at the local, county, regional or state level.
Eligibility: EMS educator or equivalent.

EMS Communications Specialist of the Year

Criteria: Contributions to the EMS community as a call receiving operator, dispatcher or call taker. Dedication, responsibility, professional behavior, or special skill or insight to prehospital communications.
Eligibility: Employee or volunteer with an organized dispatch center in New York State.

Registered Nurse of Excellence

Criteria: Contributions to the EMS community as a NYS Registered Professional Nurse. Dedication, responsibility, professional behavior, ingenuity, special skill or insight in the prehospital environment.
Eligibility: NYS licensed registered nurse serving the EMS System.

Physician of Excellence

Criteria: Contributions to the EMS community as a physician. Dedication, responsibility, professional behavior, special skill or insight in the prehospital environment.
Eligibility: NYS licensed physician serving an EMS system.

Commissioner of Health's

Award of Excellence in EMS Activities

Criteria: Exceptional contribution to EMS activities by an individual in any way.
Eligibility: May be nominated for any other award in the same year. Need not be nominated by a regional council. This award may not be given every year.

Michael Jastremski, MD, Award of Excellence In EMS

Criteria: Exceptional contribution to EMS activities by an individual in any way.
Eligibility: May be nominated for any other award in the same year. Need not be nominated by a regional council. This award may not be given every year.

Candidate's Name _____

Home Mailing Address _____

City _____ State _____ ZIP _____

County _____ Phone (_____) _____

Credentials (Certifications, etc.)

RN MD/DO EMT # _____ Agency # _____

CFR EMT-B EMT-I EMT-CC EMT-P Instructor (Level) _____

Other Credentials _____

EMS Affiliation/Organizations

Name of Organization _____

Address _____

City _____ State _____ ZIP _____

Role/Title _____ Phone (_____) _____

Indicate the category for which the applicant is being nominated (See awards brochure description and criteria)

- | | |
|---|---|
| <input type="checkbox"/> Basic Life Support Provider of the Year | <input type="checkbox"/> EMS Educator of Excellence |
| <input type="checkbox"/> Advanced Life Support Provider of the Year | <input type="checkbox"/> EMS Communications Specialist of the Year |
| <input type="checkbox"/> EMS Agency of the Year | <input type="checkbox"/> Registered Professional Nurse of Excellence |
| <input type="checkbox"/> Youth Provider of the Year | <input type="checkbox"/> Physician of Excellence |
| <input type="checkbox"/> Harriet C. Weber EMS Leadership Award | <input type="checkbox"/> Commissioner of Health's Award of Excellence |

Reasons for Information

USE THE REVERSE SIDE OF THIS FORM ONLY. No other attachments will be accepted.

Describe why candidate should receive this award. Applications must be typewritten to be considered.

Name of Person or Agency Submitting Nomination _____

Home Phone (_____) _____ Work Phone (_____) _____

Regional Council Chairperson Approval _____
SIGNATURE

Regional Council Name _____

It is your responsibility to discuss this nomination with your candidate, for his/her acceptance.

Application must be typewritten in a font no less than 12 points.

EMS Background

Reason for Award Nomination

Contribution/Impact to EMS
