

NOMINATION FORM
EXEMPLARY PERFORMANCE

Nomination Category:

- | | |
|---|--|
| <input type="checkbox"/> Citizen (“Good Samaritan”) | <input type="checkbox"/> First Responder |
| <input type="checkbox"/> Ambulance/EMS Team (Air or Ground) | <input type="checkbox"/> Hospital or Trauma Team |
| <input type="checkbox"/> Physician or Surgeon | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Other: _____ | |

Nominee(s) (*Please provide address and agency name for each nominee, (use additional pages if needed)*):

Name: _____ Title: _____

Address: _____

Agency: _____

Name: _____ Title: _____

Address: _____

Agency: _____

Describe situation or call prompting nomination, (use additional pages if needed, include copy of PCR form if applicable):

Why should this performance be considered **exceptional**?

Name of individual making nomination:

Name: _____ Phone: _____

Agency: _____ Phone: _____

Address: _____

e-mail address: _____



PLEASE RETURN THIS FORM BY MARCH

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