



“The Ultimate Sacrifice”

**NATIONAL EMS MEMORIAL SERVICE
NOMINATION PACKAGE
COVER SHEET & INSTRUCTIONS**

This is the Nomination Package for the National EMS Memorial Service. The Service is held on the last Saturday in June. All nominations for any given year's Service ***must be received on or before the preceding December 31st.*** Any nomination received after this date can not be considered for that year's Service. ***There can be no exceptions to this deadline.***

Please **TYPE OR CLEARLY PRINT** all information. The Nomination Form contains five (5) sections:

- NOMINEE DATA
- NARRATIVES
- MEDIA INFORMATION
- NOMINATOR DATA
- ADDITIONAL INFORMATION

It is important that the individual(s) making this nomination complete all, or as much of this form as possible, paying particular attention to Family and Agency contact information. Missing data will delay the processing of the nomination and could delay the nominee's inclusion in the Service for a full year.

It is also important that you are sure that the nominee meets **all** of the following criteria:

- *Nominees must not have been previously honored by the National EMS Memorial Service.*
- *Nominee must have been a currently certified/licensed provider and/or affiliated with an established EMS agency.*
- *Nominee must have been performing EMS duties at the time of death. (EMS duties include, but are not limited to, transporting patients, treating patients, performing extrication procedures, rescue operations, and may include attending meetings, public appearances, or other related functions.)*
- *Nominee must have followed established safety regulations, local protocols, and standard operating procedures.*

The following items should be submitted to the Memorial Service on or before December 31st.

- *The completed Nomination Form.*
- *Nominee's agency patch or logo. Electronic versions, if available, should also be included.*
- *4 - 8 Photographs of the nominee.*
- *Clearly legible copies of any newspaper articles relating to the line of duty death.*
- *Clearly legible copies of any published obituaries (if available).*
- *Copies of the death certificate and/or any other documentation supporting this nomination.*

Please send these items to:

**National EMS Memorial Service
P.O. Box 279
Oilville, Virginia 23129-0279**

Questions on the nomination process should be directed to the Memorial Service office at:

Voice: 804-364-8223, Fax: 201-935-4831 or E-Mail: info@nemsms.org

NARRATIVES

Please describe the circumstances of nominee's death, cause of death and how related to a medical call:

Give a brief description of the nominee's activities in emergency medical services:

Please list any additional facts you think relevant:

MEDIA INFORMATION

Please provide information on all media outlets that covered the nominee's death or the circumstances surrounding the death:				
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		

NOMINATOR DATA

Please provide information about the person submitting this nomination:			
<i>Name:</i>			
<i>Phone:</i>		<i>Fax:</i>	
<i>Pager:</i>		<i>E-mail:</i>	
<i>Address:</i>			
<i>City, State, Zip:</i>			
<i>Relationship:</i>			

ADDITIONAL INFORMATION

Please use this area provide any addition details you believe relevant to this nomination or if you need more space for any of the above responses:

Revised: 10/09