

- Respond To:
- ☐ 523 Dell Street
Bellefonte, PA 16823
 - ☐ 713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474 or
(570) 473-7834

Fax: (814) 355-5149

Web: smemsc.org

2018 Conference Regional EMS Recognitions

Council is modifying the awards ceremony at this year's Spring Conference. We want to recognize individuals and organizations who exemplify the fundamental tenants of prehospital emergency medical care. Candidates include:

- Primary EMS or support agencies whose actions resulted in the successful emergency medical rescue/assistance to a person in need.
- EMS Provider, emergency responder, dispatcher, or bystander responder whose knowledge and action(s) aided in the successful emergency medical rescue or assistance to a person in need.
- Other agency or individual whose action(s), instruction and/or advocacy resulted in an enhancement to the regional emergency medical services system or individual patient's outcome.

Do you know of such an example? It can be a successful rescue, Prehospital save or delivery, or just an extraordinary act of kindness shown toward a patient. The only limitation is that we ask that the situation referenced occurred in 2017 within the Region.

Please complete the attached form and return it to the Council office prior to March 1, 2018. Thank you for making this recognition a success!!

- Respond To:
- 523 Dell Street
Bellefonte, PA 16823
 - 713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474 or
(570) 473-7834

Fax: (814) 355-5149

Web: smemsc.org

2018 Award Nomination Form

Submitted By: _____ Date: _____

Telephone: _____ E-mail: _____

If used as a recognition, can we identify you as the nominator? YES NO

EVENT/REASON FOR RECOGNITION:

All HIPPA privacy rules will be complied with. We need some specific information concerning the event to allow us to verify what happened and formulate an appropriate recognition but identifiable information will be released during the presentation without the consent of all parties involved.

Person/Agency being recognized: _____

Address: _____

If a person: EMS Provider Dispatcher FireFighter Law Enforcement General Public
 Other: _____

If an agency: EMS Fire Company/Rescue Law Enforcement Dispatch Other Rescue
 Other: _____

Short Description of Incident/Event/Action:

Incident Location: _____

Incident Date: _____

(Continues on Back)

Incident Specifics including what makes this “special” and any individuals assisting with and/or cooperating in the activity:

Thank you for making us aware of this situation. Please submit completed forms to Seven Mountains EMS Council by:

Mail: 523 Dell Street - Bellefonte, Pa 16823

FAX: (814) 355-5149

E-Mail: tnilson@smemsc.org

Or drop off at either office.