North Shore University Hospital would like to recognize the hard work and outstanding effort of our EMS providers. This year, we have expanded our acknowledgements to include an EMS provider who demonstrated excellence in caring for the trauma patient. We are asking for peer nominations for three categories: **EMS Agency of the Year, Excellence in EMS Leadership, and EMS Provider of the Year**. The winners will be awarded at our annual EMS Appreciation Dinner on Thursday, May 25, 2017. The submission deadline is April 21, 2017. The criteria for each award are listed below.

**EMS Agency of the Year Award:**
- This is an agency that transports trauma patients to North Shore University Hospital and strives for consistency in EMS excellence and exhibits exemplary performance when providing or supporting prehospital emergency medical care.
- This agency will have demonstrated special clinical skill competence in the care of injured patients.
- This agency will coordinate with performance improvement initiatives related to improving care of injured patients.

**Excellence in EMS Leadership Award:**
- This award is open to local leaders in the EMS community (career and volunteer organizations, REMSCO, STAC).
- Demonstrated longevity, innovation/dedication, responsibility, executive management skills in establishing, maintaining, promoting, or expanding EMS organizations, agencies, committees at the community and/or state level.

**EMS Provider of the Year Award:**
- This is an EMS provider who demonstrated exceptional care for a trauma patient transported to North Shore University Hospital.
Application for the
North Shore University Hospital
Annual EMS Week Awards

Candidate or Agency Name: _______________________________________________________

Home Mailing Address: __________________________________________________________

City / State / Zip Code: ___________________________________________________________

Phone Number: _________________________________________________________________

E-mail address: _________________________________________________________________

(Certifications, etc.)

EMT#:__________________  Agency:__________________________________________

☐ EMT  ☐ EMT-CC  ☐ EMT-P  ☐ Other_____________________

EMS Affiliations/Organizations

Name of Organization: ___________________________________________________________

Address: ___________________________________________________________________

City / State / Zip Code: _________________________________________________________

Role/Title: _________________________________________________________________

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

☐ EMS Agency of the Year

☐ Excellence in EMS Leadership

☐ EMS Provider of the Year

Name of Person or Agency Submitting Nomination: ________________________________

Phone Number: ______________________________________________________________

E-mail Address: _______________________________________________________________
Describe why the Candidate should receive this award. For each area of this submission please limit the length of your description to 500 words or less.

EMS Background:

Reason for Award Nomination:

Contribution/Impact to EMS:

Please submit nominations via email to Anne Glazer RN, Coordinator of Performance Improvement (aglazer@northwell.edu) or Cristy Meyer RN Trauma Program Manager (cmeyer4@northwell.edu) or fax the application to (516) 562-1576 (Attention: Trauma Program)

Applications must be received no later than April 21, 2017