



# 2015 Arrowhead Regional EMS System Recognition Awards

## ***Do You Know Someone Deserving? ...Now is the Time to Nominate!***

In 1990, the Arrowhead Regional EMS System's Recognition Award Program was developed to honor our regional EMS providers for their hard work and dedication in providing emergency medical services to their communities in this region.

The Arrowhead EMS Association and its Board of Directors urge our providers to submit nominations for 2015. Awards will be presented during the Arrowhead EMS Conference & Expo Awards Lunch on Saturday, January 23, 2016. Results will be published.

**Nomination Form:** Members of EMS organizations in the Arrowhead Region (Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis Counties in Minnesota and Douglas County, Wisconsin) are asked to fill out a nomination form for a person in the Arrowhead Region who meets the criteria of dedication and service on a day-to-day basis.

**Selection Process:** A selection committee made up of volunteers, in conjunction with the Board of Directors and staff of the Arrowhead EMS Association, evaluates each nominee based on the information that you provide. Supplemental material and letters of recommendation on any nominee are welcomed. Therefore, we cannot express enough how very important it is to provide complete information on the candidate.

**Notification:** If your candidate is selected to receive an award, the Arrowhead EMS Association will first notify you (the nominator). You will then be responsible to have your award recipient attend the Arrowhead EMS Conference & Expo Awards Lunch to receive the award (either as a surprise or knowingly). If we are unable to contact you, we will then directly contact and inform the award recipient. Notifications will be made in early January 2016.

## **Nomination Categories:**

**"Mark Rathke, M.D. Medical Leadership Award"** (Physician). Nominate a physician who has shown outstanding EMS leadership qualities within his/her community or region, such as being a medical director for an ambulance or first responder/rescue agency, or perhaps an emergency room physician who is either on permanent staff or rotates through an emergency department. This physician has demonstrated EMS leadership; volunteers time to provide quality EMS care and also helps to increase public awareness of EMS.

**"Friend of EMS Award"** (Legislator, Citizen, Media Person). Nominate an individual whose contributions to EMS have impacted the Arrowhead Region either locally within their community, or their efforts have had a broad-based effect in the region.

**"Pre-Hospital Care Provider Award"** (Paramedic, EMT-I, EMT-B, First Responder). Nominate an individual who has shown exemplary actions in the field on a day-to-day basis. A one-time act of heroism is certainly commendable and worth acknowledging, however, this category is designated for the EMS pre-hospital care provider who is currently on an active roster and shows his/her commitment to EMS each and every day.

**"Robyn Kucera Emergency Department Staff Award"** (RN, LPN, Lab Tech, Radiology Tech, etc.) Nominate an individual whose performance and commitment toward providing EMS care in the emergency department or its auxiliary services is exemplary.

**"Emergency Associate Award"** (EMS Training Instructor, Dispatcher, Law Enforcement, Fire/Rescue, Other). Nominate an individual whose commitment to EMS is above and beyond their job description; someone who consistently provides quality EMS while either on the job, training, or volunteering.

**"Family Support Award"** (Relative, Spouse or Significant Other). Nominate an individual in recognition of his or her selfless support under all circumstances and conditions for you as an EMS provider. This is the person who is there for you emotionally and personally, understanding the family sacrifice it takes for you to continue helping and serving your community.

**Please use inserted narrative nomination form for this award.**

**2015 Arrowhead Regional EMS System  
Recognition Awards  
Nomination Form**

**CATEGORY:**

- Mark Rathke, M.D. Medical Leadership Award
- Friend of EMS Award
- Pre-Hospital Care Provider Award
- Robyn Kucera Emergency Department Staff Award
- Emergency Associate Award
- Family Support Award** – *Please complete the nominee and nominator information sections only. Then, complete separate nomination form.*

Name of Nominee: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Nominee's EMS Service Department or Affiliation(s): \_\_\_\_\_

**Level of Training:**    EMT-P    EMT-B    EMT-I    First Responder  
                                  RN    LPN    MD    Other: \_\_\_\_\_

Number of "EMS" related hours in 2015: (If applicable) \_\_\_\_\_  
Number of emergency runs or patients in 2015: \_\_\_\_\_ Total Number for individual   \_\_\_\_\_ Total Number for Department

1. Does the nominee attend continuing education over and above the expectation to improve skills and knowledge base of EMS?  
 Yes    No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
2. Does the nominee hold any office in EMS organizations and/or play a leadership role?  
 Yes    No  
Describe: \_\_\_\_\_  
\_\_\_\_\_
3. Is the nominee actively involved in any EMS training or other community or regional related activities?  
 Yes    No  
Please List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Other noteworthy activities (past and present): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Narrative:** Describe why you feel that your nominee should receive an EMS System Recognition Award (feel free to attach additional information):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Please give examples that support your nominee's commitment to duty and service to EMS that make him/her stand out over and above the norm. Descriptive examples may include exemplary personal skills, communication skills, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. List any EMS professional organizations that the nominee belongs to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Please use this space to describe the nominee's contributions to his/her EMS affiliation or any other contributions to the community/region that further support your nomination.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____

Name of Nominating Person: \_\_\_\_\_  
 Service Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Signature: \_\_\_\_\_

***\*Please feel free to enclose further supportive documentation and background information.***

**NOMINATION INSTRUCTIONS**

1. Select a candidate and the appropriate nomination category.
2. Complete the nomination form and attach any supportive materials.
3. Mail or Fax to: Arrowhead EMS Association, Inc.  
 Attn: Awards  
 4219 Enterprise Circle  
 Duluth, MN 55811-5719  
 218-726-0073 – fax  
[brenda@arrowheadems.com](mailto:brenda@arrowheadems.com) – email

**Deadline for submitting nomination forms is Monday 4, 2016.**

**Please note:** Individuals, *not organizations*, are eligible for these awards. The selection committee will accept only completed "official" nomination forms for review. You may duplicate nomination forms for others to submit. If you have any questions feel free to call 218-726-0070.

***Awards will be presented to the recipients at the Arrowhead EMS Conference & Expo Awards Luncheon on Saturday, January 23, 2016.***

