# The John P. Moore Memorial EMS Award for Excellence



John P. Moore was an invaluable member of the OhioHealth Grant Medical Center family. For 25 years, John served as a part-time paramedic instructor at Grant, and was one of three paramedic instructors for the Columbus Division of Fire. John was instrumental in the creation of Grant

LifeFlight's first remote helicopter base in Wellston, Ohio — the first of its kind in the country. This base helped to increase the rapid response of helicopter crews in southern Ohio and helped to significantly improve patient survival rates in rural areas.

John dedicated his professional life to the continued success of the Grant Trauma program and Grant's LifeLink program. His contributions to the improvement of care for pre-hospital patients through his efforts at the Columbus Division of Fire, Grant LifeFlight, Grant LifeLink and Grant's Paramedic School are invaluable.

### **AWARD DESCRIPTION**

To pay honor to his memory, OhioHealth Grant Medical Center is proud to present The John P. Moore Memorial EMS Award for Excellence.

This award is presented annually to an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) or Paramedic (PM) working in central, southern or southeastern Ohio.

The honored individual's character, as demonstrated through their actions as an EMS advocate, educator, leader, mentor or provider, has affected the lives of others by creating a positive and long-lasting impact in the provision of emergency medical services.

### AWARD ELIGIBILITY CRITERIA

A nominee for the John P. Moore Memorial EMS Award for Excellence must:

- + Be an EMS provider, with a current and valid certification issued by the State of Ohio, Division of EMS as a Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) or Paramedic (PM); and
- + Be an EMS provider with no disciplinary actions against them by the Ohio State Board of Emergency Medical Services; and
- + Be a member in good-standing of a recognized EMS organization that responds within central, southern or southeastern Ohio to emergencies and other requests, including those made by the public-at-large; and
- + Meet the spirit of the award description



## COMPLETING AND SUBMITTING THE NOMINATION PACKET

After the nomination packet is completed, check each page closely for accuracy and completeness:

- + All required sections are complete
- + All required sections are typed or are legible
- + There are no more than three optional attachments
- + Optional attachments are numbered

To be considered, the nomination packet must be received in the LifeLink office no later than 9 a.m., **April 18, 2014**.

#### MAIL THE COMPLETED PACKET TO:

OhioHealth Grant Medical Center LifeLink
EMS Award Nomination
393 East Town Street, Suite 214
Columbus, Ohio 43215

**FAX:** (614) 566.8077

**EMAIL:** lifelink@ohiohealth.com



For questions or additional information, contact the LifeLink office: (614) 566.9111 Option 1 or lifelink@ohiohealth.com







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Memorial EMS Award For Excellence



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RIVERSIDE METHODIST HOSPITAL + GRANT MEDICAL CENTER + DOCTORS HOSPITAL + GRADY MEMORIAL HOSPITAL

DUBLIN METHODIST HOSPITAL + DOCTORS HOSPITAL—NELSONVILLE + HARDIN MEMORIAL HOSPITAL

MARION GENERAL HOSPITAL + REHABILITATION HOSPITAL + O'BLENESS HOSPITAL + MEDCENTRAL MANSFIELD HOSPITAL

MEDCENTRAL SHELBY HOSPITAL + WESTERVILLE MEDICAL CAMPUS + HEALTH AND SURGERY CENTERS + PRIMARY AND SPECIALTY CARE

URGENT CARE + WELLNESS + HOSPICE + HOME CARE + 28,000 PHYSICIANS, ASSOCIATES & VOLUNTEERS



SECTION 1: NOMINATOR INFORMATION (Required For Nomination To Be Considered)
Name:
Title:
Station/Dept.:
Unit Day/Shift:
Work Phone:
Other Phone:
Email:
Organization:
Address:

SECTION 2: NOMINEE INFORMATION (Required For Nomination To Be Considered)
Nominee Name:
Title:
Ohio EMS Certification Type: ☐ EM Responder ☐ EMT ☐ Advanced EMT ☐ Paramedic
Station:
Unit Day/Shift:
Work Phone:
Other Phone:
Email:
Fire/EMS Organization Name:
Address:
Chief Officer:
Title:
Work Phone:
Other Phone:
Email:

SECTION 3: NOMINEE BIOGRAPHY (Required For Nomination To Be Considered)
Describe in 500 words or less, why the nominee should be considered for this award. Please provide <i>detailed information</i> and <i>specific examples</i> about how the nominee has affected the lives of others by creating a long-lasting impact in the provision of emergency medical services.

SECTION 3: NOMINEE BIOGRAPHY (continued)

### SECTION 4: OPTIONAL ATTACHMENTS

A maximum of three attachments may be included as part of this nomination packet. The attachments may contain examples of the nominee's work or other supportive items, including letters of recommendation. Each attachment should be numbered (i.e. Attachment #1, etc.).