

SECTION 1: NOMINATOR INFORMATION (*Required for nomination to be considered)

*Name:

*Professional Title:

*Organization/Agency Name:

Department/Division/Station:

*Organization/Agency

Physical Address: _____

Unit Day/Shift:

*Work Phone Number with Area Code:

*Alternate Phone Number with Area Code:

*Email Address:

SECTION 2: NOMINEE INFORMATION (*Required for nomination to be considered)

*Name:

*Professional Title:

*Ohio EMS Certificate Type: EMR EMT Advanced EMT Paramedic

*Fire/EMS Organization Name:

*Station Number:

*Fire/EMS Organization

Physical Address: _____

Unit Day/Shift:

*Work Phone Number with Area Code:

Alternate Phone Number with Area Code:

*Email Address:

*Chief Officer Name:

*Chief Officer Title:

*Chief Officer Work Phone Number with Area Code:

Chief Officer Alternate Phone Number with Area Code:

*Chief Officer Email Address:

Thank you for your nomination!

The person you have nominated will be notified of their nomination and formally invited to attend The Ohio EMS Conference on May 21 & 22, 2018. A member of the OhioHealth EMS staff will be reaching out to you and the nominee's fire/EMS agency with a formal invitation for the conference as well.

The John P. Moore Memorial EMS Award for Excellence will be awarded on Monday, May 21, 2018; day 1 of The Ohio EMS Conference.

For more information on The 2018 Ohio EMS Conference, please visit OhioEMSConference.com.

Contact us:

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Phone: (614) 566-9111, Option 1

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