

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 Credentials (MD, DO, FACEP, etc.):

*Work Phone Number with Area Code:

Alternate Phone Number with Area Code:

*Email Address:

*Organization/Agency to which Nominee provides EMS Medical Direction (if different from listed above):

*Organization

Physical 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:

*Is the nominee a physician licensed by the Ohio State Medical Board: Yes No

* Physician Group, Healthcare System or Organization to which the Medical Director belongs:

*Physician Group, Healthcare System or Organization Physical Address:

Physician Group, Healthcare System or Organization Contact Person:

Physician Group, Healthcare System or Organization Contact's Title:

Contact Person's Work Phone Number with Area Code:

Contact Person's Email Address:

SECTION 2: 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 ***detailed information*** and ***specific examples*** about how the nominee has affected the lives of others by creating a long-lasting impact on the provision of emergency medical services.

SECTION 2 continued: NOMINEE BIOGRAPHY (Required for nomination to be considered)

SECTION 3: 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.)

Thank you for your nomination!

The EMS Medical Director 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 Medical Director's EMS agency with a formal invitation for the conference.

The OhioHealth Excellence in EMS Medical Direction Award will be awarded on Tuesday, May 22, 2018; day 2 of the conference.

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

Contact us:

Email:
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