



*“The Ultimate Sacrifice”*

## NATIONAL EMS MEMORIAL SERVICE NOMINATION PACKAGE

This is the Nomination Package for the National EMS Memorial Service. The Service is held on the last Saturday of June. All nominations for any given Service **must be received on or before December 31** prior to the Service. Any nomination received after this date will be considered for the following year's Service. ***There can be no exceptions to this deadline.***

Please **TYPE OR CLEARLY PRINT** all information. The Nomination Form contains five (5) sections:

- *NOMINEE DATA*
- *NARRATIVES*
- *MEDIA INFORMATION*
- *NOMINATOR DATA*
- *ADDITIONAL INFORMATION*

It is important that the individual(s) making this nomination complete all, or as much of this form as possible. Missing data will delay the processing of the nomination and could delay the nominee's inclusion in the Service for a full year.

It is also important that you are sure that the nominee meets **all** of the following criteria:

- *Nominees must not have been previously honored by the National EMS Memorial Service.*
- *Nominee must have been a currently certified/licensed provider and/or affiliated with an established EMS agency.*
- *Nominee must have been performing EMS duties at the time of death. (EMS duties include, but are not limited to, transporting patients, treating patients, performing extrication procedures, rescue operations, and may include attending meetings, public appearances, or other related functions.)*
- *Nominee must have followed established safety regulations, local protocols, and standard operating procedures.*

The following items should be submitted to the National EMS Memorial Service on or before December 31:

- The completed Nomination Form.
- Nominee's agency patch(es).
- 4 - 8 Photographs of the nominee.
- Copies of any documentation supporting this nomination (Including Death Certificate if available).
- Clearly legible copies of any newspaper articles relating to the line of duty death.
- Clearly legible copies of any published obituaries (if available).

Please send these items to:

National EMS Memorial Service  
2910 N. Powers Blvd. #119  
Colorado Springs, CO 80922-2818

Questions on the nomination process should be directed to the Memorial Service at:

Voice: 719-286-0299, Fax: 719-623 0097 or E-Mail: [info@nemsms.org](mailto:info@nemsms.org)



## NARRATIVES

Please describe the circumstances of nominee's death, cause of death and how related to a medical call:

Give a brief description of the nominee's activities in emergency medical services:

Please list any additional facts you think relevant:

## MEDIA INFORMATION

Please provide information on all media outlets that covered the nominee's death or the circumstances surrounding the death:				
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		
<i>Outlet Type:</i>	<input type="checkbox"/> Print	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (specify)
<i>Name/Call Letters:</i>				
<i>Address:</i>				
<i>City, State, Zip:</i>				
<i>Telephone:</i>		<i>E-mail:</i>		

## NOMINATOR DATA

Please provide information about the person submitting this nomination:			
<i>Name:</i>			
<i>Phone:</i>		<i>Fax:</i>	
<i>Mobile:</i>		<i>E-mail:</i>	
<i>Address:</i>			
<i>City, State, Zip:</i>			
<i>Relationship:</i>			

## ADDITIONAL INFORMATION

Please use this area to provide any additional details you believe relevant to this nomination or if you need more space for any of the above responses: