



EMS Provider of the Year Award Application

All volunteer EMS provider organizations in New York State should be thinking of submitting applications for the EMS Provider of the Year. These individual or team applications must be postmarked by March 15th to be eligible for judging.



All volunteer EMS provider organizations and individual volunteer EMS providers in New York State perform outstanding feats of heroism which should be recognized by our Association. Volunteer EMS providers need only take the time to record the deed and send it to the EMS Committee for judging.

Rules and Regulations

1. The award shall be made on merits coupled with the delivery of life sustaining EMS care, such as risking life, saving others from drowning, carrying people from burning buildings, or actions making him or her worthy, or some other outstanding heroic activity performed.
2. A letter certified by an officer of the unit, accompanied with the printed application should be sent to the EMS Committee along with a detailed description and history of the heroic activity performed. These will be acknowledged by the committee.
3. Only one name may be submitted as an "individual" on the application form. If there are several persons being nominated for the award as a team effort, names must be submitted as a "team," setting forth the part each performed during the heroic action.
4. All applications must be postmarked by March 15th.
5. The award shall be for heroism performed the previous calendar year, January 1st, through December 31st.
6. The award shall be given at the annual FASNY Convention.

Applications must be postmarked by March 15th.

All applications should be addressed to:

Michael T. Quinn
FASNY EMS Committee
705 Pine Grove Road
Wappingers Falls, NY 12590-6504

Receive additional applications by

- Calling FASNY at 1-800-2FASNY2
- Downloading from www.fasny.com
- Contacting committee at above address

Check one:

Individual Application Team Application

Please attach detailed letter of incident

Date of action: _____

1. Name(s) of nominee(s): _____

2. Fire department or agency affiliation: _____

3. Reason for action: _____

4. Date/time of incident: _____

5. Weather conditions at time of action: _____

6. Location and extent of incident on arrival: _____

7. Physical condition of victims: Normal Handicapped
 Conscious Unconscious Panic-Stricken In Shock
 Other: _____

8. Describe injuries to victim(s): _____

9. Describe injuries to rescuer(s): _____

10. Was EMS protective gear worn? Yes No

11. Describe detailed description of the action: _____

12. Please attach a copy of signed letter detailing the incident. Also attach pictures of incident, news clippings, witness statements, commendations received, and any other significant information relating to the incident.



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The undersigned hereby state that the information contained herein is correct to the best of our knowledge.

Name of Submitter: (print) _____ Title: _____

Address: _____

E-Mail Address: _____

Phone Number: () _____ Cell Phone Number: () _____

Signature of Submitter: _____