

Plains to Peaks EMS & Trauma Service Region

“To facilitate and improve the delivery of quality emergency medical & trauma services in the five county Region”

AWARDS & RECOGNITION NOMINATION FORM

Nominee Name: _____ Title: _____

Agency: _____ Supervisor: _____

The Plains to Peaks Regional Council values the importance of recognizing and rewarding the dedication of agencies and personnel across the Region. We would like to thank you for taking the time to make this nomination.

- | | |
|--|--|
| <input type="radio"/> EMR | <input type="radio"/> Medical Director |
| <input type="radio"/> EMT | <input type="radio"/> Dispatcher |
| <input type="radio"/> Volunteer | <input type="radio"/> ER Physician |
| <input type="radio"/> Career | <input type="radio"/> ER or Flight Nurse |
| <input type="radio"/> EMT Intermediate | <input type="radio"/> EMS Administrator |
| <input type="radio"/> Volunteer | <input type="radio"/> EMS Instructor |
| <input type="radio"/> Career | <input type="radio"/> EMS Agency |
| <input type="radio"/> Paramedic | <input type="radio"/> Career Lifetime Achievement |
| <input type="radio"/> Volunteer | <input type="radio"/> Volunteer Lifetime Achievement |
| <input type="radio"/> Career | |

JUSTIFICATION: (describe in detail the significant achievement: who, what, where, when and why, please attach additional pages as necessary)



Nominator: _____ Agency: _____
Phone: _____ Email: _____

Please send nomination to: Kim E Schallenberger, Regional Coordinator
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Kit Carson, CO 80825
kschally@plainstopeaks.org