



**Governor's Alaska Council on Emergency
 Medical Services**
**EMS ADMINISTRATOR AWARD
 NOMINATION FORM**
Deadline: August 31, 2016



<i>CRITERIA: An outstanding EMS leader and administrator whose contributions to an agency or service result in improvement of the overall EMS system.</i>	
Your Name:	Your EMS Service, if applicable:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Relationship, if any, to Nominee (personal, financial, employment):	
<u>Name of Award Nominee:</u>	Nominee's EMS Service, if applicable:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Reason(s) for nomination and how Nominee meets the Award criteria (use second page if needed or attach any documentation to support the nomination, such as photo or newspaper article):	
Your Signature:	Date:

Please scan and email nomination to: EMSAwards@alaska.gov or Fax to (907) 465-4101.