



**EMERGENCY HEALTH
SERVICES FEDERATION**
YOUR COMMUNITY. OUR COMMITMENT.

Commendation Award Request EMS Agencies & Providers

Commendation Request Information

Which award are you requesting?

- Clinical Save
- Prehospital Delivery
- Meritorious Service Award
- 25 Years of Service
- ALS Provider of the Year
- BLS Provider of the Year
- EMS Educator of the Year
- Distinguished Provider
- Medal of Valor
- SCTF (Strike) Team Member

Date of the Event/Incident:

Primary EMS Agency Name:

Level of EMS Service Provided:

Certification Information of EMS Provider(s):

Provider(s) Name(s):

Certification Number(s):

Additional EMS Agency Involved Name: (if applicable)

Level of EMS Service Provided:

Certification Information of EMS Provider(s):

Provider(s) Name(s):

Certification Number(s):

Additional EMS Agency Involved Name: (if applicable)

Level of EMS Service Provided:

Certification Information of EMS Provider(s):

Provider(s) Name(s):

Certification Number(s):

Summary of the Event/Incident

Please describe the event/incident:

Anticipated Awarding Details

What is the anticipated date to present the award(s) to the provider(s)?

Would you like an EHSF staff member present at the award presentation?

Yes

No

If yes, is there a specific staff member desired to be present?

Contact Information of the Award Requestor

Name:

EMS Agency:

Mailing Address:

City:

State:

Zip Code:

County:

Telephone:

E-mail:

Before you submit your request, we would like to provide the next steps in the process. Each request will be provided to the respective County EMS Council. The County EMS Council will assist to determine legitimacy of the event details. Once the request is verified, the EHSF will process the award materials.

Should you have any questions, contact Timothy Melton at 717-774-7911, ext. 7009 or tmelton@ehsf.org.

**Thank-you for your commitment to bring recognition to
the EMS agencies and providers of the EHSF region!**