

Deadline for entries to Department is January 1st

NATIONAL EMERGENCY MEDICAL TECHNICIAN AWARD

ELIGIBILITY

Any individual who serves in a municipal county, state, or federal unit tasked with the enforcement of the laws pertaining to their area of responsibility. This award does not apply to individuals employed by private companies or security services.

REQUIREMENTS

1. Recognition by their colleagues or those they serve.
2. Consistent excellence in the performance of their duties.
3. Consistent dedication to their official responsibilities over a period of years and continuous growth in responsibilities and skills within their profession.

DOCUMENTATION

1. Nomination Letter containing the candidates name, title, address, telephone and identifying the award for which the individual should be considered.
2. One (1) page resume of candidates overall back ground.
3. One (1) page resume of the candidates background in their field.
4. one (1) page listing of the candidates accomplishments and awards in their field.
5. Photograph (preferably a head shot) of the candidate.

Candidate Information

Name: _____

Address: _____

City: _____

State: WA Zip: _____

Phone: _____

Email: _____

Employer: _____

Employer phone: _____

SPONSORING VFW POST/ AUX.

Post #: _____

Post Commander/ President:

Post Address

City State Zip

Phone:

DISTRICT CHAIRMAN

District: _____

Chairperson: _____

Signature: _____