

**EMERGENCY MEDICAL SERVICES EXEMPLARY SERVICE MEDAL
NOMINATION FORM**

1. NOMINEE INFORMATION

Surname: _____

Given Name: _____ Initial(s): _____

Date of Birth: _____

ACP Registration #: RO _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone #: _____

NOMINEE FOR (Check all that apply):

**Medal
20-year**

**First Bar
30-year**

**Second Bar
40-year**

**Third Bar
50-year**

2. The Exemplary Service Medal is awarded to those who have served the required number of years in an exemplary manner and supporting documentation demonstrating exemplary service is required. Documentation must adequately illustrate where the performance of the nominee exceeds that expected of an EMS practitioner with a similar employment history. Each citation regarding the nominee's exemplary service must be accompanied by a letter discussing the impact of the item. This document should come from a source that was affected by the specified activity.

Examples of supporting documentation include, but not limited to:

- a. Verification of exemplary practice by a manager.
- b. Verification of exemplary practice by a Medical Director, if available.
- c. Letters of independent support of the nominee.
- d. Verification of activities that demonstrate conduct that exceeds the normal expectations of the practice.
- e. Verification of community leadership and stewardship of the profession.

Is the nominee a previous recipient of one of the following Exemplary Service Medals? If yes, check all that apply.

Canadian Coast Guard

Corrections

Fire

Peace Officer

Police

NOTE: Nominees who are employed by one employer and have many different tasks attached to their unique position (example: Fire and EMS) may not be eligible to receive a second ESM.

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3. NOMINEE'S EMPLOYMENT HISTORY - List in order of date(s)

MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk
MM/YY to MM/YY	# of yrs/months	Employer Name	Position/Title	
		Employment Type	Verification Enclosed	Potential Risk

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NOMINATOR INFORMATION:

Surname: _____

Given Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone #: _____

DECLARATION:

To the best of my knowledge, the nominee is deserving of the Emergency Medical Services Exemplary Service Medal and no serious disciplinary action has been taken in respect of the nominee. For example, termination/suspension of employment, unethical conduct, existence of a disciplinary record with a regulator like the Alberta College of Paramedics and criminal conviction.

Nominator's Signature

Date

Personal information on this form is collected by the Alberta Awards Committee under the authority of the Regulation governing the award of the Emergency Medical Services Exemplary Service Medal for the purpose of reviewing the nomination form for the EMS Exemplary Services Medal. **If approved**, an additional application, completed by the Alberta Awards Committee, will be forwarded to the Advisory Committee then to the Chancellery for final approval.

If you have any questions about the nomination form and/or the information collected, used or disclosed please contact the Alberta Awards Committee at info@abparamedicawards.ca.

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CERTIFICATION FROM NOMINATING AUTHORITY

The Certification form must be signed by the Nominating Authority and is the recipient's employer, senior supervisor or other appropriate authority.

Nominee's Name: _____

Registration #: RO _____

Agency _____

Name: _____

Position/Title: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone #: _____

As the Nominating Authority for the above, I am pleased to provide the following certification to the Alberta Awards Committee. I recognize that the nomination form, this certification and the specific background information I have provided will be heavily relied upon by the Awards Committee in its decision whether or not to recommend the nominee for the EMS Exemplary Service Medal.

I certify that the above nominee has served the named organization(s) for the periods stated on the nomination form, that during this service no 'serious disciplinary action has been taken against the nominee, the the nominee has served at least 10-years in a position of risk as a front-line EMS and that the nominee is in every way deserving of the EMS Exemplary Service Medal.

Serious disciplinary action may include termination/suspension of employment, unethical conduct, existence of a disciplinary record with a regulator like the Alberta College of Paramedics and criminal conviction.

Nominating Authority's Signature

Date

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INSTRUCTIONS AND TIPS ON HOW TO FILL OUT THE FORM

The nomination form must be completed in its entirety in order for the nomination to be considered. Here are a few notes that you may find helpful:

- Step 1: NOMINEE INFORMATION**– Ensure all personal information boxes are filled out.
- Step 2: NOMINEE'S ACTIVITIES** – Include a letter of support and/or verification of exemplary practice.
- Step 3: NOMINEE'S EMPLOYMENT HISTORY** - Must clearly identify EMS employment history for over 20 years (month/year to month/year for each employer) this must be accompanied by letter(s) of verification/support from all previous employers wherever possible.
- Step 4: NOMINATOR INFORMATION** - Ensure the nominator information page is completed and signed.
- Step 5: CERTIFICATION FROM NOMINATING AUTHORITY** - must be completed and signed by a manager and/or supervisor.
- Step 6: COMPLETED NOMINATION PACKAGE** - Make two copies, send original to the Alberta Award Committee and keep one for your files.

Mail or deliver nominations to:

Alberta Awards Committee
C/o Alberta College of Paramedics
Ellwood Office Park South
201-1003 Ellwood Road SW
Edmonton, AB T6X 0B3