



Office of Emergency Medical Services



EMS Recognition Award Nomination Form

Individual/Organization Nominated:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Email:

Nominee's Level of Certification or Licensure (if applicable):

Reason this individual/organization is being nominated:

Please attach additional documentation such as newspaper, articles, video footage, and letters of support.

Name of Person Submitting Nomination:

Signature:

City:

State:

Zip:

Home Phone:

Work Phone:

Email:

Nominations must be received by **October 15, 2009**. Incomplete forms will **not** be considered.
Return to:

Rachel Moses, Administrative Assistant
WV Office of Emergency Medical Services
350 Capitol Street, Room 425
Charleston, WV 25301-3714

If you have any questions, please contact Rachel Moses at 304-558-3956 or rachel.c.moses@wv.gov.