### The Greater Miami Valley EMS Council

## Norma Dittrick Extra Measure of Service Award Nomination Criteria

The Extra Measure of Service Award is designed to recognize outstanding individuals and organizations within the Greater Miami Valley Emergency Medical Services Council (GMVEMSC). Nominations may be made anytime throughout the year (May 1st through April 30th) and submitted via email. Awards will be reviewed by the Public Relations Committee and selected based on major contribution to EMS, contribution to community, and self-improvement in EMS. Awards will be presented during the month of May (in conjunction with established EMS week activities). All submissions for consideration in the award year shall be submitted no later than noon on May 1st of the award year.

#### **Evaluation Criteria:**

#### **Category of Submission**

Provider- an individual (FR, EMT-B, EMT-I or EMT-P) providing direct care to patients

Administration- an individual who serves in an administrative role, to include fire chiefs, assistant chiefs, EMS coordinators, secretaries and support personnel

Organization- a group of personnel who together performed specific EMS tasks or operations

#### **Major Contribution to EMS**

Demonstrate nominee's professional integrity and competence in their performance. Identify specific contribution in which an individual or group performed. Patient care, technical skill and performance observed at scene(s) which reflect exceptional service in EMS. Show nominee's contribution to improvements in the health care delivery system.

#### **Contribution to Community**

One who goes beyond the call of duty to provide an "extra measure of service" within the community. Identify service provided to the community by individuals or groups that were considered exceptional.

#### **Self-Improvement**

Identify individuals or groups growth in service toward EMS.



### The Greater Miami Valley EMS Council

# Norma Dittrick Extra Measure of Service Award Nomination Form

Submitted by:			
Name:			
Phone:			
Department:			
Email:			
Category of Submission:	Provider	Administration	Organization
Name (Individual/Organization):			
Department:			
Major Contribution to EMS:			
Contribution to Community:			
Colf Immunous are to			
Self-Improvement:			

**Additional Information:**