

LANREMT

INDIVIDUAL ACHIEVEMENT AWARDS

PARAMEDIC OF THE YEAR AWARD

INTERMEDIATE OF THE YEAR AWARD

EMT OF THE YEAR AWARD

PRESIDENTIAL AWARD

*EMS INSTRUCTOR/COORDINATOR OF
THE YEAR AWARD*

FIRST RESPONDER OF THE YEAR

OUTSTANDING ACHIEVEMENT AWARD

*TELECOMMUNICATOR OF THE YEAR
AWARD*

ADMINISTRATOR OF THE YEAR

INDIVIDUAL ACHIEVEMENT AWARDS

DESCRIPTION AND SPECIFIC CRITERIA FOR LANREMT AWARDS

EMT OF THE YEAR

- Criteria:** A Basic EMT who has significantly contributed to the EMS community at the local, state and/or national level.
- Eligibility:** Any Basic EMT whose primary responsibility is providing direct patient care.
- Nominated by:** Anyone certified by the LA Bureau of EMS.
- Award Given:** Plaque

INTERMEDIATE OF THE YEAR

- Criteria:** An EMT Intermediate who has significantly contributed to the EMS community at the local, state and/or national level.
- Eligibility:** Any EMT Intermediate whose primary responsibility is providing direct patient care.
- Nominated by:** Anyone certified by the LA Bureau of EMS.
- Award Given:** Plaque

PARAMEDIC OF THE YEAR

- Criteria:** An EMT-Paramedic who has significantly contributed to the EMS community at the local, state and/or national level.
- Eligibility:** Any paramedic whose primary responsibility is providing direct patient care.
- Nominated by:** Anyone certified by the LA Bureau of EMS.
- Award Given:** Plaque

PRESIDENT'S LEADERSHIP AWARD

- Criteria:** May be presented to anyone deserving of recognition for their service and/or support of the LANREMT and/or EMS.
- Eligibility:** Open
- Selected by:** President of LANREMT
- Award Given:** Plaque or appropriate gift (to be determined by President).
- When Presented:** At the discretion of the President of LANREMT

EMS INSTRUCTOR/COORDINATOR OF THE YEAR AWARD

- Criteria:** Outstanding instructor of a course approved by the Louisiana Bureau of EMS for the First Responder, EMT-B, Intermediate EMT or Paramedic level.
- Eligibility:** *Any state approved I/C **who is a member of LANREMT and LaSEMSIC.** Written endorsement from the training program medical director must accompany nomination.
- Nominated by:** Anyone
- Award Given:** Plaque

FIRST RESPONDER OF THE YEAR

- Criteria:** First Responder who has contributed at the community, state, or national level.
- Eligibility:** Any First Responder certified by the LA Bureau of EMS whose primary responsibility is providing direct patient care.
- Nominated by:** Anyone.
- Award Given:** Plaque

OUTSTANDING ACHIEVEMENT AWARD

- Criteria:** Any EMS personnel who has performed an outstanding act in patient care or who significantly contributed to the EMS community at the local, state and/or national level by performing an outstanding act.
- Eligibility:** Any level EMT certified by the LA Bureau of EMS and who is a member of LANREMT.
- Nominated by:** Anyone
- Award Given:** Plaque

TELE-COMMUNICATOR OF THE YEAR AWARD

- Criteria:** Any tele-communicator who has significantly contributed to the community at the local, state and/or national level.
- Eligibility:** Any tele-communicator whose primary responsibility is to dispatch EMS calls in the state of LA.
- Nominated by:** Anyone
- Award Given:** Plaque

ADMINISTRATOR OF THE YEAR AWARD

- Criteria:** Any administrator who has significantly contributed to the EMS community at the local, state and/or national level.
- Eligibility:** Any administrator whose primary responsibility is to manage EMS personnel and/or an EMS company in the state of LA.
- Nominated by:** Anyone
- Award Given:** Plaque

Unless otherwise noted, all award recipients will be selected by the LANREMT Awards Committee and their decision is final. All presentations will be made during the LANREMT annual Awards Banquet.

RULES FOR SUBMITTING LANREMT AWARDS

- 1) **INTENT:** LANREMT awards are designed to recognize individuals who have **significantly contributed** to local, state and national provisions, development and/or improvement of pre-hospital care delivery, educational and personal. These awards reflect both past and present contributions. The Nomination package is designed to yield a "wide picture" of the nominee's experience in EMS. Not all nominees will have experience or contributions in every category. This will not necessarily have a negative impact on their ability to receive a given award. The nomination package is simply being used to gather enough information so that each nomination can be objectively rated.
- 2) **SIZE:** To allow for easy analysis, all nominations must be completed using the official LANREMT Nomination Package. Supplemental information such as support letters or copies of newspaper articles must be submitted on 8½" X 11" paper and attached to the rear of the nomination package. Nominations can be limited to 2-3 pages, but not to exceed twenty pages. However, they may be printed on both sides of the page. All nominations must be enclosed in a report cover, securely fastened along the left margin.
- 3) **FORMAT:** All nominations **must include the LANREMT face sheet**. Typewritten or computer printed nominations are expected but not absolutely required. Photographs and newspaper articles, etc. may be affixed to the document to further emphasize local, state or national involvement of candidate. Audiovisual materials, such as videotapes, movies or slides, will not be accepted.
- 4) **COPIES:** The original document of each nominee's award nomination package must be submitted. No copies are necessary.
- 5) **DEADLINE:** The deadline for entries is **MAY 15, 2011**. Entries postmarked after this date will not be accepted.
- 6) **JUDGING:** Nominations will be objectively scored by the Awards Committee. The Awards Committee is selected by the board of LANREMT.
 - A) Unsuccessful nominations previously submitted must be completely updated before being resubmitted. Care must be taken to assure that letters of support refer to the award for which the person is being nominated.
 - B) Persons preparing nominations are advised that, although not strictly required, supporting documentation and a complete application are virtual requirements for a successful nomination. Submitting only the face sheet or a single page document in support of a nomination rarely results in a favorable outcome.
- 7) **LIMIT ON AWARD NOMINATIONS:** An individual can only be considered for one award annually among those decided by the Awards committee. In the event that a person is nominated for more than one award, the Awards Committee will assign that nomination to one award category only. Such assignment is not an implied or expressed decision to present the award to that person.
- 8) **INFORMATION TO INCLUDE:** Recommendations or support letters sent directly to the Awards Committee and not included within the package will not be considered or returned. The package **must be complete upon receipt before the deadline**.

Any questions about your award nominations can be directed to Harrold Long, LANREMT Awards Committee Chair, and phone number: 504-430-8133 or harrold.long@hpidc.com.

LANREMT

LOUISIANA ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS 2011 AWARD NOMINATION "FACE" SHEET

DATE SUBMITTED: _____ (Deadline 3/15/11)

Nominee's Name: _____

Mailing Address: _____

Phone Number: _____

Nationally Registered EMT

_____ Yes

_____ No

Certification Level

_____ EMT-B

_____ EMT-I

_____ EMT-P

_____ First Responder

State Number _____ Registry Number _____

Nominee's primary occupation

Nominee's EMS agency, address, phone number, description of nominee's
role/title/duties:

Indicate award for which nomination is being submitted:

_____ EMT of the Year

_____ Intermediate of the Year

_____ Paramedic of the Year

_____ Tele-Communicator of the Year

_____ Outstanding Achievement Award

_____ Instructor/Coordinator of the Year

_____ First Responder of the Year

_____ Administrator of the Year

You must submit the "face" sheet and nomination package to:

LANREMT AWARDS COMMITTEE

C/O

Harrold Long, 106 Park Place, Suite 100, Covington, LA 70433

Your Name: _____ Agency: _____

Address: _____ City, Parish, Zip: _____

Home Phone _____ Work Phone: _____

Relationship to Nominee: _____

1. Clinical Experience

Number of year's nominee has worked in pre-hospital and/or clinical setting.

- Use a check mark to indicate the range of years the nominee has worked in the pre-hospital and/or clinical setting.

0 1-5 6-10 11-15 16-20 more than 20

- List dates and places of employment, certification level(s), position(s) held in the pre-hospital setting and/or clinical setting and person who can provide verification. (More spaces should be added if needed.)

Dates	Places of employment	Certification levels	Positions held	Person who can verify

2. Certification/Licensure

EMS related certification and/or licensure levels achieved by nominee (i.e., CPR, ACLS, PHTLS, BTLS, PALS, EMD, emergency driving, hazmat, rescue, EMT-Basic, EMT-Intermediate, EMT-Paramedic, instructor) and respective levels reached (provider, instructor, affiliate faculty, regional faculty, national faculty, etc). (More spaces can be added if needed.)

- List the date achieved, course title, location where course/program was conducted, level of certification as well as persons who can provide verification.
- If applicable for any of the above levels, list the number of courses the nominee has taught. (More spaces should be added if needed.)

Dates	Course/Program title	Location course/program held	Certification/licensure level achieved	Person who can verify

*** Certification/Licensure is to be answered by Instructor/Coordinator nominees only.

3. Years of Experience

Number of year's nominee has held the position for which they are being nominated for an award (EMT, paramedic, instructor, etc)

- Use a check mark to indicate the range of years the nominee has worked in the pre-hospital and/or clinical setting.

___ 0 ___ 1-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ more than 20

- List the dates, certification/licensure level(s), and places of employment which reflect direct involvement in area they are being nominated for an award. Also, list the name of the person who can provide verification. (More spaces should be added if needed.)

Dates	Certification/licensure levels	Places of employment	Address and phone number	Person who can verify

4. Presentation Experience

Local, state, national level EMS-related courses in which nominee has lectured.

- List the date(s), name(s) of conference(s)/seminar(s)/education activity(s), location where it was held, topics presented and person who can provide verification. (More spaces should be added if needed.)

Dates	Name(s) of conference(s)/seminar(s)/educational activity(s)	Location where it was held	Topics presented	Person who can verify

*** Presentation experience is to be answered by Instructor/Coordinator nominees only.

5. Involvement in EMS-Related Organizations

Local, state, national level EMS-related organization nominee belongs or has belonged to and leadership level attained by nominee.

- List the date(s), name(s) of organization(s) nominee belongs to, rank attained (member, officer, Board of Directors). (More spaces should be added if needed.)

Dates	Name(s) of organization(s)	Member/Board Member/ Officer	Person who can verify

6. Development Experience

Participation in development of local, state, and/or national EMS-related protocols, standards, curriculum, training programs, and/or EMS system/program upgrades and/or community projects by nominee.

- List the date(s), number of and type(s) of protocols, standards, programs, curriculum, EMS system/program upgrades and/or community projects including organization(s) assisted, and levels of participation. (More spaces should be added if needed.)

Dates	Type(s) of protocols, standards, programs, curriculum, EMS system upgrades, community projects	Organization assisted	Level(s) of participation	Person who can verify

*** Development Experience is to be answered by Instructor/Coordinator nominees only.

7. Involvement in EMS-Related Writings

EMS-related articles, research, textbooks, commercial videotapes or slide programs written or contributed to by nominee.

- List the date(s), name(s) of EMS-related articles, research, textbooks, commercial videotapes or slide programs written or contributed to, published by (or in), level of participation and person who can provide verification. (More spaces should be added if needed.)

Dates	Name(s) of EMS-related articles, research, textbooks, commercial videotapes, slide program(s)	Published by (or in)	Level of involvement	Person who can verify

*** Involvement in EMS-related writings is to be answered by Instructor/Coordinator nominees only.

8. Community Involvement/EMS Related Awards

- List the date(s), location where act was performed and person who can provide verification. (More spaces should be added if needed.)

Dates	Description of involvement by nominee	Location where it occurred/Reason award was presented	Person who can verify

9. Continuing Education (past 5 years)

Description of course work

- List the date(s), name(s) of courses and locations where each course was presented and person who can provide verification. (More spaces should be added if needed.)

Dates	Name(s) of course	Location where it was presented	Description of course	Person who can verify

10. Letters of Support

Letters of support for nominee.

- Attach letters of support to subsequent pages.