

SELECTION CRITERIA FOR  
BLS NON-TRANSPORT PROVIDER of the YEAR  
EMT BASIC PROVIDER of the YEAR  
EMT BASIC-ADVANCED PROVIDER of the YEAR  
EMT-INTERMEDIATE PROVIDER of the YEAR  
PARAMEDIC PROVIDER OF THE YEAR

The Provider of the Year at each certification level should demonstrate a commitment not only to its personnel and patients but the community it serves. A degree of professionalism is the expected norm for all providers.

The Provider of the Year should possess unique qualities that serve to elevate the standard of professionalism and the quality of patient care throughout the EMS industry.

## APPLICATION FOR PROVIDER of the YEAR

PROVIDER'S NAME

PROVIDER'S ADDRESS

CITY	STATE, ZIP

CERT NO.

CHIEF ADMINISTRATOR

TITLE	PHONE NO.

APPLICATION COMPLETED BY

TITLE	PHONE NO.

EMT NON-TRANSPORT <input type="checkbox"/>	EMT BASIC <input type="checkbox"/>	
EMT BASIC-ADVANCED <input type="checkbox"/>	PARAMEDIC <input type="checkbox"/>	
EMT- INTERMEDIATE <input type="checkbox"/>		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> VOLUNTEER FIRE	<input type="checkbox"/> VOL. AMBULANCE
<input type="checkbox"/> FUNERAL	<input type="checkbox"/> POLICE	<input type="checkbox"/> HOSPITAL
<input type="checkbox"/> PAID FIRE	<input type="checkbox"/> SHERIFF	<input type="checkbox"/> GOVERNMENT EMS
<input type="checkbox"/> OTHER (please list)		

Please provide the following information using short narratives. Responses should be printed or preferably typed on plain paper, attached to this application form, then mailed to:

IERC  
PO Box 364  
Zionsville, IN 46077

Use as many additional sheets as necessary but be certain to provide a response to each request.

1. **Describe** any programs or opportunities offered by the provider, which promote and support the professional growth and development of its employees (or members).
2. **Describe** the provider's activities that promote EMS awareness throughout the community.
3. **List** any services or special programs the provider offers to its community on a voluntary basis.
4. **Tell how** the provider is actively involved in the development and maintenance of emergency response or disaster plans in the community?
5. **Describe** how is the provider is actively involved in developing a smoothly working relationship between the provider organization, the medical community and area hospitals?
6. In your own words, **describe** the unique qualities this provider possesses to qualify for this award.

Individuals or divisions chosen will be honored at the 2010 IERC Awards Banquet on August 13, 2010. Please contact **Joe Kruzan** at [j.kruzan@schererville.com](mailto:j.kruzan@schererville.com) or **Danny Sink** at [dannysink@goshencity.com](mailto:dannysink@goshencity.com) with any questions regarding the nomination process. **We need to receive ALL nominations by August 4th, 2010.** Thank you in advance for your time and consideration.