



EMS PROVIDER OF THE YEAR

OVERVIEW

Honor your outstanding volunteers with a nomination for the Firefighter's Association of the State of New York EMS Provider of the Year Award. Each year, FASNY recognizes exemplary emergency medical personnel with this prestigious honor designated for those who best express what EMS is all about.

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Eligible nominations must:

- Express the nominee's merits such as risking life, saving others from drowning, braving fire to rescue trapped occupants or some other outstanding heroic activity
- Include a letter, on department letterhead, with a detailed description and history of the heroic actions. **This document must be signed by the Chief of the fire department or company volunteer EMS agency.**
- Be designated as an "individual" or "team" nomination. Please select the team option on the application if more than one EMS provider contributed to the event. (If more than two individuals are involved in the incident, the award will be given as a unit citation.)
- Be postmarked or electronically submitted by **March 15, 2027**.
- The nominee or their agency must be members of FASNY.

NOMINATIONS

All volunteer EMS provider organizations in New York State should be thinking of submitting applications for the EMS Provider of the Year. These individual or team applications must be postmarked or electronically submitted by **March 15, 2027**, to be eligible for consideration. Letters of support and any other supporting material accompanying the nomination will become the property of FASNY. The presentation of this award will be made at Convention.

INSTRUCTIONS

Please submit the application with a copy of a signed letter, on department letterhead, detailing the incident. Also attach pictures of the incident, news clippings, witness statements, commendations received and any other significant information relating to the incident.

Note: Once selected, the recipient of this award **MUST** submit a digital photo to be used in FASNY's promotional materials, including – but not limited to – *The Volunteer Firefighter* magazine, press releases, monthly electronic communications and web/social media sites.

Visit www.fasny.com/photos for photo submission guidelines.

Mail Completed Awards To:

Awards c/o FASNY
107 Washington Avenue
Albany, NY 12210-2269

For Questions Email:

awards@fasny.com

NOTE: FASNY award winners will be publicly promoted in press releases and print publications as well as on television, radio or the web. The Association reserves the right to use the person's image for publicity, including – but not limited to – print, broadcast and web/social media. The recipient is expected to speak at the annual Convention and be available for photo opportunities, television appearances and other promotional events. In the event the recipient does not agree to these terms, the name may be withdrawn.

www.fasny.com/awards

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Check one: ☐ Individual Application ☐ Team Application

Date of action: _____ Location and extent of incident on arrival: _____

1. Name(s) of nominee(s): _____

8. Physical condition of victims: ☐ Normal ☐ Handicapped
☐ Conscious ☐ Unconscious ☐ Panic-Stricken
☐ In Shock ☐ Other: _____

2. Fire department or EMS agency: _____

9. Describe injuries to the victim(s): _____

3. Level of EMS Certification of nominee(s):

☐ CFR ☐ EMT-B ☐ AEMT ☐ EMT-P

4. Reason for action: _____

10. Describe injuries to the rescuer(s): _____

11. Was EMS protective gear worn? ☐ Yes ☐ No

5. Date/time of incident: _____

12. Give a detailed description of the action: _____

6. Weather conditions at time of action: _____

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Please attach a copy of a signed letter, on department letterhead, detailing the incident. Also attach pictures of the incident, news clippings, witness statements, commendations received and any other significant information relating to the incident.

EMS PROVIDER OF THE YEAR AWARD APPLICATION

The undersigned hereby states that the information contained herein is correct to the best of their knowledge.

Name of Nominator: _____ Title: _____

Fire Department or EMS Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Signature of Nominator: _____ Date: _____