



2023 Excellence in Service Nomination Form

Nominations must be submitted by September 30, 2023!

WEMSA's Annual Excellence in Service Awards is a way for WEMSA to honor both individuals and organizations who have made a significant contribution to the EMS profession in the past year. Please refer to the [WEMSA website](#) for all eligibility requirements per award. Failure to meet all requirements will result in disqualification.

* 1. Which category are you submitting a nomination for? (Please review eligibility requirements on our website at wisconsinems.com)

* 2. Nominee's Contact Information

Name (First & Last)

Current EMS Agency or Employer

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* 3. Nominee's Primary Occupation:



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* 4. Your Contact Information

Name (First & Last)	<input type="text"/>
Current EMS Agency or Employer	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 5. Your Relationship to Nominee:

* 6. As part of the vetting process we will contact the nominee's Supervisor/ Chief. Please enter the Supervisor/ Chief's contact information.

Name	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 7. How does the nominee's Supervisor/ Chief prefer to be contacted?

Email

Phone

* 8. Does the nominee know this nomination has been submitted or would you prefer it to be kept confidential until winners are announced?

Knows

Please keep confidential

* 9. Attach your nomination statement- 1,000 words or less (see award criteria on the WEMSA website for what should be included on your statement):

Choose File

Choose File

No file chosen

10. Supporting Document #1

Upload up to 3 Supporting Documents

Choose File

Choose File

No file chosen

11. Supporting Document #2

Upload up to 3 Supporting Documents

Choose File

Choose File

No file chosen

12. Supporting Document #3

Upload up to 3 Supporting Documents

Choose File

Choose File

No file chosen

* 13. Local Media contacts to whom press releases should be sent:

Publication Name

Reporter's Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address



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Additional Information:

The same person or organization may nominate an individual or organization for only one award per year.

View the WEMSA Awards Committee Policy [here](#).