

**Nomination for
NAEMSP EMS Fellowship Recognition Award**

Candidate's Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

EMS Fellowship Institution: _____

Dates of Fellowship: From: _____ To: _____

EMS Fellowship Director: _____

Telephone: _____ E-mail: _____

Fellowship Director

Initials:

_____ The candidate completed a bona fide EMS fellowship program that is recognized / approved by the SAEM/Physio-Control EMS Fellowship program, or meets similar programmatic content (as determined by the NAEMSP Board of Directors)

The candidate has acquired expertise in the areas of:

- _____ EMS clinical care issues
- _____ On-line medical direction
- _____ Off-line medical direction
- _____ Urban, suburban, and rural EMS medical direction issues
- _____ EMS human resources
- _____ EMS education
- _____ EMS communications
- _____ EMS quality improvement
- _____ EMS research methods
- _____ EMS finance
- _____ Air medical services
- _____ Emergency care planning for mass gatherings
- _____ Disaster planning

_____ While a fellow, the candidate initiated an EMS-related research project, including responsibility for research design, institutional review board approval, data collection, and data analysis. This work culminated in submission of the results to a peer-reviewed scientific journal.

_____ The fellowship director and the candidate have been NAEMSP members in good standing for at least the past 12 months.

As EMS Fellowship Director for _____, I certify that the above statements are true, and that he/she is deserving of recognition by the National Association of EMS Physicians.

EMS Fellowship Director Signature

Date

Please send form to NAEMSP via Mail: NAEMSP, Attn: Stephanie Newman, P.O. Box 15945-281, Lenexa, KS 66285-5945; FAX: (913) 895-4652 OR Email: snewman@goamp.com. **All nominees who meet the criteria will receive an award certificate and recognition during our January meeting. The Executive Office must receive nomination forms by October 1, 2010.**