



Hackensack
Meridian Health
Hackensack University
Medical Center

EMS Excellence Award

Nomination Form

Criteria for nomination:

- Recognition for a specific event in which EMS (BLS, ALS, SCTU, AMU, Dispatch, Police) interventions demonstrated excellence in patient care

Winners will be selected by Hackensack University Medical Center's EMS Awards Committee

Name of Nominee: _____

EMS Organization: _____

Email Address: _____ Phone Number: _____

Person Nominating (for follow up purposes): _____

Department/Agency: _____

Email Address: _____ Phone Number: _____

Please describe the event you feel is deserving of an EMS Excellence Award

Please return completed nomination via e-mail to Linda.Motyka@hackensackmeridian.org or Fax to 551-996-1195