



**New York State Volunteer Ambulance
& Rescue Association, Inc.**
518 Hooper Road # 278, Endwell, New York 13760

Phone: (877) NYSVARA | Fax: (607) 785-2537 | www.nysvara.org

NYSVARA SPECIAL AWARDS

CATEGORIES AND REQUIREMENTS

REQUIREMENTS

All nominees, except for certain categories, must have been an individual member of NYSVARA or belong to a member organization in good standing at the time of the act. Applications for a pattern of activities must include details of activities, dates and descriptions of the impact on the EMS community. Applications recognizing a single event must be based on that event occurring in the previous calendar year (January 1 – December 31). Application must be submitted to the Special Awards COMMITTEE by August 1st.

CATEGORIES

EMS MERITORIOUS AWARD

To give recognition to an individual or group, for an act involving a degree of unavoidable danger to be characterized as Great Personal or Group Risk.

EMS UNIT CITATION

To give recognition to a crew or unit, involving an outstanding unit operation, dependent upon teamwork and cooperation.

EMS LEADERSHIP AWARD

To an individual who has performed an outstanding service along with initiative and leadership, to NYSVARA or to a Member Organization in good standing of NYSVARA.

RICHARD W.O. BEEBE EXEMPLARY EDUCATOR AWARD

To an individual or organization for outstanding ongoing work spanning ten or more years through teaching, publication and/or research having had a profound impact toward improving EMS services and / or systems at the local, state or national level, including some particular positive impact on the volunteer non-profit EMS community.

EMS EDUCATOR OF EXCELLENCE

To an individual who through outstanding teaching, publication, or research that has greatly improved pre-hospital services at the local, county regional or state level, having some particular impact on the volunteer non-profit EMS community. The nominee must be recognized by the NYS Department of Health as a certified instructor.



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NYSVARA SPECIAL AWARDS

EMS PERSON OF EXCELLENCE (ALS PROVIDER AND BLS PROVIDER)

To an individual member in good standing or a member of a member organization in good standing with NYSVARA who has provided an exceptional contribution(s) to the EMS field and/or an EMS agency or system, through demonstrated dedication, professional behavior, initiative and/or special services.

CIVILIAN STAR OF LIFE AWARD

Presented to an individual for their acts of personal bravery or their initiative and capability in the saving of a life. To be presented to a non-member, non medical professional and not affiliated with an EMS agency.

EMS YOUTH SQUAD OF EXCELLENCE

To a Youth Squad of a member organization for performing outstanding services to their local squad, community or NYSVARA.

EMS YOUTH SQUAD MEMBER OF EXCELLENCE

To an individual member of a member organizations youth squad who has performed outstanding service to their local squad, community or NYSVARA while maintaining their school curriculum.

LICENSED EMERGENCY MEDICAL CARE PROVIDER OF EXCELLENCE: (MD, DO, NP, PA)

To an the individual must be licensed in their title and shall be a contributor to the EMS community, show dedication, responsibility, professional behavior, ingenuity, special skills and insight to the pre-hospital setting, having a particular impact on one or more organizational members of NYSVARA.

REGISTERED NURSE OF EXCELLENCE

To a New York State licensed Registered Professional Nurse, serving in the EMS System. To be eligible an individual must have made contributions to the EMS community and show dedication, responsibility, professional behavior, ingenuity, special skills and insight to the pre-hospital environment. Contribution must have some particular impact on or relation to the non-profit EMS sector including member organizations of NYSVARA.

EMS COMMUNICATIONS SPECIALIST OF EXCELLENCE

To an individual who is employed or volunteer with an organized dispatch center in the State of New York and has shown dedication, responsibility, professional behavior, ingenuity, special skills and an insight to pre-hospital communications. Contribution must have some particular impact on or relationship to the non-profit EMS sector including member organizations of NYSVARA

Nominations for Special Awards MUST be submitted by August 1st. To submit nominations online visit the Pulse Check section of our web-site at: www.nysvara.org/pulseCheck and click on Special Award Nominations.



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NYSVARA SPECIAL AWARDS APPLICATION

CANDIDATE'S NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CREDENTIALS (CERTIFICATIONS, ETC.)

RN

MD/DO/NP/PA

EMT-P

EMT-CC

EMT-I

EMT

CFR

INSTRUCTOR (LEVEL)

CERTIFICATION #:

OTHER CREDENTIALS:

EMS AFFILIATION/ ORGANIZATIONS

NAME OF ORGANIZATION:

ORGANIZATION ADDRESS:

CITY:

STATE:

ZIP:

ROLE/ TITLE:

INDICATE THE CATEGORY FOR WHICH THE APPLICANT IS BEING NOMINATED: (SEE AWARDS DESCRIPTION AND CRITERIA)

EMS MERITORIOUS AWARD

EMS UNIT CITATION

EMS EDUCATOR OF EXCELLENCE

EMS LEADERSHIP AWARD

EMS YOUTH SQUAD AWARD

EMS PERSON OF THE YEAR

EMS YOUTH SQUAD MEMBER OF EXCELLENCE

COMMUNICATIONS SPECIALIST OF EXCELLENCE

CIVILIAN STAR OF LIFE AWARD

EMERGENCY REGISTERED PROFESSIONAL NURSE OF EXCELLENCE

EMERGENCY MEDICAL CARE PROVIDER (MD, DO, NP, PA) OF EXCELLENCE



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NYSVARA SPECIAL AWARDS APPLICATION

REASON FOR NOMINATION

DESCRIBE IN DETAIL WHY THIS NOMINEE SHOULD RECEIVE THIS AWARD

**APPLICATION SHOULD BE TYPEWRITTEN/WORD PROCESSED (IN A #12 FONT) TO BE CONSIDERED.
USE PAGE 2 OF THIS FORM OR ATTACH YOUR DOCUMENTS TOGETHER.**

EMS BACKGROUND:

REASON FOR AWARD NOMINATION:



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NYSVARA SPECIAL AWARDS APPLICATION

DESCRIBE IN DETAIL WHY THIS NOMINEE SHOULD RECEIVE THIS AWARD

CONTRIBUTION TO/ IMPACT ON EMS:

SUBMITTOR INFORMATION

NAME OF PERSON SUBMITTING NOMINATION:

NAME OF AGENCY SUBMITTING NOMINATION:

PHONE:

**APPLICATIONS MUST BE RECEIVED BY AUGUST 1ST (E-MAIL, FAX) OR POSTMARKED
NO LATER THAN AUGUST 1ST.**

Or you can also submit this form online at www.nysvara.org/pulsecheck.

QUESTIONS?

Please contact the Pulse
Check Conference Team at:
pulsecheck@nysvara.org
(877) NYSVARA

SUBMIT THIS FORM TO:

MAIL NYSVARA - Pulse Check
518 Hooper Road # 278
Endwell, New York 13760

EMAIL pulsecheck@nysvara.org