



# Texas EMS Award Nomination Form

Please complete one form for each nomination and click the "Submit" button below to send your form or e-mail it to [EMSAwards@dshs.state.tx.us](mailto:EMSAwards@dshs.state.tx.us).

**Award Category- (Please choose one)**

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<b>My contact information</b>	<b>I would like to nominate</b>
Name	Name
Address	Address
City	City
State	State
Zip	Zip
Phone	Phone
Service/ Affiliation	Service/ Affiliation
E-mail	DSHS Certification/License #

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Fill out the information requested below. Please use the space provided and keep your nomination as brief and concise as possible. Be specific, using examples when possible, to indicate why this person or organization should win. If you have any questions, contact your EMS zone office or call 512/834-6700.

**Why does this person/organization deserve this award?**

Nominations must be sent by September 29, 2017. Award winners will be announced at the Texas EMS Conference Awards Luncheon.

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