

# The American Legion EMT/ Paramedic of the Year Award

## Eligibility Criteria

- Be a citizen of the United States
- Be a living, certified, active, full-time, paid or volunteer EMT or Paramedic. This includes those serving in some other capacities in the department/ company.
- Be assigned to, or fully recognized by, Municipal, County, District, State, Federal Fire Department or currently employed
- Does not need to be a veteran or member of The American Legion
- Reside and be assigned or attached for duty in Florida

## Judging Criteria

Judges will be looking for an EMT or Paramedic who:

- is well-rounded
- has exceeded, above and beyond, the duty requirements of his/her position
- exemplifies the virtues of professionalism and dedication
- demonstrated a distinct pattern of community service in both on-duty and off-duty activities
- proven his/her personal dedication to societal security and protection

Judging will be based on the following criteria, and maximum percentage points will be allocated as follows:

Community Service .....	35 points
Professional Career.....	40 points
Heroism.....	20 points
Letters of recognition, news clippings, and other substantiating documentation.....	5 points

## Application Criteria

1. Cover Page/Application Form
2. Official 5"x7" photograph of the nominee.
3. No more than 18 one sided 8 ½ " x 11" pages of documentation
  - a. Service Narrative – No more than 6 one sided pages which must include:
    - i. A letter of recommendation from his/her commanding officer or supervisor.
    - ii. A letter of recommendation by an American Legion Post officer
    - iii. Brief, yet complete, description of a specific act of heroism, meritorious performance or community service; Act(s) performed over and above the call of duty during the last few years; Act(s) demonstrating a distinct pattern of community service above and beyond assigned duty requirements
  - b. Supporting Documentation – No more than 12 one sided pages which must include:
    - i. A copy of State or Federal certification as a EMT or Paramedic
    - ii. Copies of pertinent training and education certificates, press articles, citations and letters that support the narrative, letters and/or newspaper clippings from: the officer's chain of command, city, county, state authorities, American Legion officials, citizens or civic groups as further evidence of community service, heroic and meritorious performance of duty by the nominee.

Mail original of all paperwork, **NO LATER THAN April 25<sup>th</sup> of the current year** to:

Programs Director, Elizabeth Douglas  
P.O. Box 547859, Orlando, FL 32854  
edouglas@floridalegion.org

Certificates of Commendation are available, free of charge, from Department Headquarters. To order, call 800.393.3378x235

# EMT/ PARAMEDIC OF THE YEAR NOMINATION COVER SHEET

Name \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Job Title \_\_\_\_\_ Yrs. of service \_\_\_\_\_

Agency name \_\_\_\_\_

Agency Director/Title \_\_\_\_\_

Nominee's Supervisor/Title \_\_\_\_\_

Agency Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Post Submitting Nomination (number/location) \_\_\_\_\_

Post Law and Order Chairman \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Post Commander \_\_\_\_\_

Post Adjutant \_\_\_\_\_

**DEADLINE: April 25<sup>th</sup>**