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:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>Community Service</td>
<td>35</td>
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<tr>
<td>Professional Career</td>
<td>40</td>
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<tr>
<td>Heroism</td>
<td>20</td>
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<td>Letters of recognition, news clippings, and other substantiating documentation</td>
<td>5</td>
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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 an 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 22nd of the current year to:

Programs Director Bekki Tibbs
P.O. Box 547859, Orlando, FL 32854
btibbs@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 22nd