



# Nomination Form

Good Samaritan Award

## Nominee Information

Nominee's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Name of Nominee's MEDIC FIRST AID Instructor/Trainer:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Registry Number of MEDIC FIRST AID Instructor/Trainer \_\_\_\_\_

Type of Class:

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Advanced  | <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Emergency Oxygen |
| <input type="checkbox"/> AED       | <input type="checkbox"/> BLSPRO™              | <input type="checkbox"/> Pediatric        |
| <input type="checkbox"/> Basic     | <input type="checkbox"/> CarePlus™ CPR        | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> BasicPlus | <input type="checkbox"/> Emergency Care       |   |

Date Nominee was last trained in MEDIC FIRST AID \_\_\_\_\_

## Nominator Information (The award will be sent to the Nominator's address unless otherwise specified.)

Nominator's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Fax \_\_\_\_\_

## Media Information

Name of Local TV Station(s) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Local Newspaper(s) \_\_\_\_\_ Phone \_\_\_\_\_

## Description of Events

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_  A.M.  P.M.

Location of Incident (Dept., Highway No., Facility, etc.) \_\_\_\_\_

On the back of this form, or on an attached separate sheet of paper, please describe the situation and actions taken by rescuers in as much detail as possible, as well as the outcome of the incident if known. The Nominee or Nominator may complete this section. Please type or print neatly and sign below.

This information is true and accurate to the best of my knowledge.

Nominator \_\_\_\_\_ Date \_\_\_\_\_