

**SELECTION CRITERIA FOR
THE EMERGENCY MEDICAL SERVICES
FOR CHILDREN AWARD**

The Emergency Medical Services for Children Award recognizes the outstanding contributions that emergency medical responders in Indiana provide to children. While pediatric calls are usually the most difficult and problematic for EMS, the Emergency Medical Service for Children Committee would like to recognize those responders that have exemplified remarkable skills and commitments to providing quality medical care to a child (18 years of age and under) regardless of the outcome.

The purpose of this award is to provide recognition for those contributions, which are above and beyond the normal day to day experiences when dealing with pediatrics specifically.

If you know of an EMS responder that has made the difference in the life of a child and provided the right care when it counted, please nominate him/her for this award.

**APPLICATION FOR
EMERGENCY MEDICAL SERVICES
FOR CHILDREN AWARD**

CANDIDATE

CERT LEVEL	CERT NO.

HOME ADDRESS

CITY	STATE, ZIP

HOME PHONE	OTHER CONTACT NO.

PROVIDER AFFILIATE

PROVIDER ADDRESS

CITY	STATE, ZIP

PROVIDER PHONE NO.

APPLICATION COMPLETED BY

TITLE

PHONE NO.

Please provide the following information using short narratives. Responses should be printed or preferably typed on plain paper, attached to this application form, then mailed to:

IERC
PO Box 364
Zionsville, IN 46077

Use as many additional sheets as necessary but be certain to provide a response to each request.

1. **Describe** in detail the candidate's efforts in providing the right care when it counted to a pediatric patient. Please do not give patient names.
2. **List** any additional certifications the candidate maintains that is pediatric specific.
3. **List** any special services or programs the Candidate assists in teaching or volunteers to the community or their EMS service, such as safety belt education, impaired driving programs, home safety education, PALS, PEPP etc. which promotes injury prevention or assists the EMS provider in providing better care for pediatric patients.
4. **In your own words, tell** why you believe this provider should be chosen to receive this award.

Individuals or divisions chosen will be honored at the 2010 IERC Awards Banquet on August 13, 2010. Please contact **Joe Kruzan** at jkruzan@scherville.com or **Danny Sink** at dannysink@goshencity.com with any questions regarding the nomination process. **We need to receive ALL nominations by August 4th, 2010.** Thank you in advance for your time and consideration.