



Forward application
and supporting materials to:

EMS Service of the Year Committee
218 S. Pine St.
Magnolia, AR 71753

EMS Service of the Year

218 S. Pine Street
Magnolia, AR 71753
Phone 870-234-8654
Fax 870-234-2992

The Arkansas Ambulance Association is pleased to once again accept nominations for ALS and BLS Service of the Year honorees. There are many great providers across Arkansas very deserving of this award. If your organization or someone you know deserves to be recognized, complete the enclosed application form. All entries must include a signed application. The following guidelines apply to all applicants:

- Awards will be presented in two categories: ALS and BLS providers
- All entries must include a completed, signed application form
- Applicants must be a ArAA member in good standing
- Supporting documentation may be included and should be presented on 8.5" x 11" pages
- Videos, if provided, should be in standard VHS ½" format. (DVD's may also be provided)
- Providers serving multiple areas or holding multiple licenses must submit separate nominations for each service area. Company-wide applications will not be considered

Three (3) copies of materials should be prepared for the selection committee members. An original and photocopies are acceptable. Unless otherwise indicated, all materials submitted will be retained by the ArAA.

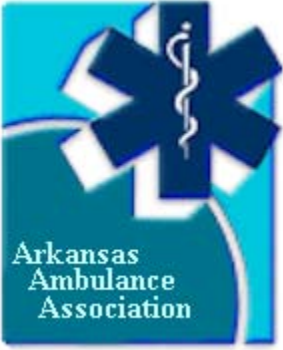
**APPLICATIONS MUST BE RECEIVED BY
5:00 P.M. -- Friday, July 14, 2017**

On behalf of the ArAA and the Service of the Year Selection Committee, I thank you for your continued support. Should you have any questions, or need additional information, please call me at (870) 234-8654. The awards will be presented at EMS 2015 in Hot Springs on Saturday, August 1, 2015.

Sincerely,

Amanda Warren-Newton
Selection Committee Chair

Honoring Arkansas' "Best In Class" EMS Providers



License Type	Classification
<input type="checkbox"/> I-A	<input type="checkbox"/> Public
<input type="checkbox"/> I-B	<input type="checkbox"/> Private
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Volunteer	
<input type="checkbox"/> Special Purpose	

GENERAL INFORMATION

Service Name _____ License No. _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Other Phone _____

Number of years as licensed provider _____ Number of years at current level _____

OPERATIONS

Name of Owner or Principles (indicate title) _____

Other Key Staff (list name/title) _____

HUMAN RESOURCES: Number of EMT-A _____ EMT-I _____ EMT-P _____

AWARDS / HONORS / SPECIAL RECOGNITIONS RECEIVED

(List and describe briefly or attach separate 8.5" x 11" pages)

AFFIDAVIT

I hereby declare that the information contained herein is true and correct to the best of my knowledge. I understand that this information will be used exclusively by the ArAA for the purpose of honoring the EMS "Service of the Year" and I authorize the selection committee and the ArAA to verify the information included on this application or attachments provided, and that it shall be released to the selection committee for evaluation and consideration. I further understand that to be considered, nominee must be a member of the Arkansas Ambulance Association (ArAA) and shall be in good standing with the association.

Submitted by _____ Date _____