

**OhioHealth Excellence in Medical Direction Award
2019 Nomination Packet**

SECTION 1: NOMINATOR INFORMATION (*Required for nomination to be considered)

*Name:

*Professional Title:

*Organization/Agency Name:

Department/Division/Station:

*Organization/Agency

Physical Address: _____

Unit Day/Shift:

*Work Phone Number with Area Code:

*Alternate Phone Number with Area Code:

*Email Address:

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SECTION 2: NOMINEE INFORMATION (*Required for nomination to be considered)

*Name:
*Professional Credentials (MD, DO, FACEP, etc.):
*Work Phone Number with Area Code:
Alternate Phone Number with Area Code:
*Email Address:
*Organization/Agency to which Nominee provides EMS Medical Direction (if different from listed above):
*Organization Physical Address: _____
*Chief Officer Name:
*Chief Officer Title:
*Chief Officer Work Phone Number with Area Code:
Chief Officer Alternate Phone Number with Area Code:
*Chief Officer Email Address:
*Is the nominee a physician licensed by the Ohio State Medical Board: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Group, Healthcare System or Organization to which the Medical Director belongs:
Physician Group, Healthcare System or Organization Physical Address: _____
Physician Group, Healthcare System or Organization Contact Person:
Contact Person's Title:
Contact Person's Work Phone Number with Area Code:
Contact Person's Email Address:

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Thank you for your nomination!

To be considered, the nomination packet must be received in the OhioHealth EMS office no later than **12 p.m., March 15, 2019.**

The EMS Medical Director you have nominated will be notified of their nomination and formally invited to attend The Ohio EMS Conference on May 20 & 21, 2019. A member of the OhioHealth EMS staff will be reaching out to you and the Medical Director's EMS agency with a formal invitation for the conference.

The OhioHealth Excellence in EMS Medical Direction Award will be awarded on Tuesday, May 21, 2019; day 2 of the conference.

For more information on The 2019 Ohio EMS Conference, please visit OhioEMSConference.com.

Please submit the completed packet and any additional attachments to OhioHealth EMS one of the following ways:

MAIL:

OhioHealth Emergency Medical Services
EMS Award Nomination
393 E Town Street, Suite 214
Columbus, OH 43215

EMAIL: ems@ohiohealth.com

FAX: (614) 566.8077



OhioHealth Emergency Medical Services

393 East Town Street, Suite 214
Columbus, Ohio 43215

(614) 566-9111 ems@ohiohealth.com OhioHealthEMS.com