



OFFICE OF THE MEDICAL DIRECTOR
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2010 Nomination Form

Check level of License of Nominee

Paramedic of the Year _____ **EMT of the Year** _____ **MFR of the Year** _____

Dispatcher of the Year _____

Nominee's
Name _____

Agency:

Nominator's Name:

Agency:

Contact #

Nominator's Signature: _____

Date: _____

Criteria for Nomination

- 1) Pro-active leadership of new and creative ideas that enhance the EMS System in Saginaw and/or Tuscola County
- 2) Demonstration of the highest degree of service to patients and/or community the nominee functions within.
- 3) Promotes and strives to achieve effective team work with all disciplines (Police, Fire & EMS) involved in pre-hospital care
- 4) Exhibits an exceptionally high standard of professionalism and dedication to the EMS Field

