



Exemplary Performance Recognition Form

OFFICE OF THE MEDICAL DIRECTOR
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Saginaw Valley Medical Control Authority is offering the opportunity to recognize hard-working individuals and/or organizations for their dedication and outstanding efforts in the delivery of patient care in Saginaw and Tuscola County. If you know of an individual and/or organization who demonstrated exceptional dedication, compassion and professionalism, and you would like to recognize their efforts, please complete the form below and submit it to:

**Saginaw Valley Medical Control Authority
1000 Houghton Ave.
Saginaw, MI 48602
Fax # (989) 583-7941**

Name(s) of Provider(s):

Agency(s) Involved with Incident:

Individual completing form:

Contact Information:

Date: _____

Additional Information:

- 1) Your nomination will be reviewed by individuals who may or may not be familiar with your nominee. Be sure to include enough information to make a clear and convincing case for your nomination. Be concise in your description; disorganization and rambling may detract from your nominee's accomplishments.
- 2) Attach any documentation which strengthens your nomination. These documents might include, but are not limited to, newspaper articles, video footage, letters of commendation, etc.
- 3) Please feel free to use additional sheets of paper if space on the nomination form is not adequate.