



**E-MAIL NOMINATIONS TO**  
**[amanda.warren.newton@gmail.com](mailto:amanda.warren.newton@gmail.com)**

**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
- **CHANGE: All applications and supporting materials must be provided electronically in PDF format. Please make every effort to include all materials in a single PDF file.**
- Providers serving multiple areas or holding multiple licenses must submit separate nominations for each service area. Company-wide applications will not be considered

**APPLICATIONS MUST BE RECEIVED BY**  
**5:00 P.M. -- Friday, July 19, 2024**

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 during the 2024 EMS Conference to be held in Hot Springs, August 3, 2024.

Sincerely,

Amanda Warren-Newton  
ArAA President



<b>License Type</b>	<b>Classification</b>
<input type="checkbox"/> EMT	<input type="checkbox"/> Public
<input type="checkbox"/> Advanced	<input type="checkbox"/> Private
<input type="checkbox"/> Advanced Response	<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 \_\_\_\_\_ AEMT \_\_\_\_\_ MEDIC \_\_\_\_\_ CP \_\_\_\_\_

**AWARDS / HONORS / SPECIAL RECOGNITIONS RECEIVED**

(List and describe briefly or include information in packet)

[ ] Additional information included in pages to follow.

**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 \_\_\_\_\_