



# SDEMSA

## Military Medic of the YEAR

### REQUIREMENTS:

- Nominee must be an SDEMSA member
- Nominee must have been an EMT for a minimum of 2 years

Military Medic of the Year Award will recognize a military medic\* who demonstrates excellence in the performance of military emergency medicine, with their primary role being that of theater patient care.

Definitions:

\*Military Medic – Any MOS qualified active, reserve or National Guard U.S. Army Medic, Navy Corpsman or Air Force Medic.

Nominate: Submit a nomination for Military Medic of the Year by completing the following steps:  
complete the General Information below: (\* = required items)

attach your nomination statement and up to three letters or articles supporting the nominee. Nomination statements should be up to 1,000 words and saved in Word format. The criteria for which the nominees will be considered is listed below;

attach up to three (3) letters or articles of support for the nominee.

Criteria: Nominees will be considered based on the following criteria. Your nomination statement should include information on how the nominee demonstrates:

excellence in providing trauma care to US casualties on the battlefield;

leadership in training and educating US military personnel and coalition forces in PHTLS and TCCC components; and leadership in helping to enable the delivery of prehospital medical trauma care in the military in austere and dangerous environments with no immediate physician oversight.

Nominee's First Name \* \_\_\_\_\_

Nominee's Last Name \* \_\_\_\_\_

Mailing Address \* \_\_\_\_\_

City, State, Zip code\* \_\_\_\_\_

Phone numbers (cell and home)\* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Nominee's Current Certification Level AND Military Branch\* \_\_\_\_\_

Nominee's current MOS, AFSC, or NEC \* \_\_\_\_\_

Nominee's family members information \* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nominator's Name \*-----

Nominator's Mailing Address \* \_\_\_\_\_

City, State, Zip code\* \_\_\_\_\_



Nominator's email address \* \_\_\_\_\_

Nominator's phone numbers (cell and home) \* \_\_\_\_\_

Relationship to Nominee \* \_\_\_\_\_

Any other info Nominator wishes to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit your nomination to your **District President** in time so the district's choice can be to the State President before July 1. ALL APPLICATION DOCUMENTS MUST BE EMAILED.

Military Medic of the Year Application