



NOMINATION
CENTRAL NEW YORK REGION
CRITICAL CARE RECOGNITION AWARD

1. Nominee's Name _____ NSP ID No. _____
 2. Mailing Address _____
 3. Registered with _____ Patrol

APPROVALS

	<i>Print</i>	<i>Sign</i>		
NSP Patrol Representative			Date Signed	
Review Board Chair			Date Signed	
Region Awards Advisor			Date Signed	
Region Director			Date Signed	

INSTRUCTIONS

This form is used for the nomination of a patroller for a Central New York Region CRITICAL CARE RECOGNITION AWARD. This award is for assessment and care of injuries or illness that have a high potential to become life threatening in which the nominee has used training and skills learned in the Ski Patrol's OEC course.

This award is presented to a patroller or member of a team of patrollers whose heroic care does not quite meet the life saving requirements for a Purple or Blue Merit Star.

The award may be presented regardless of where the lifesaving act was performed so long as the emergency care was under the sole direction and responsibility of the nominee and not under the direction of any organization separate from the Ski Patrol (ie: search and rescue, American Red Cross, EMS, fire departments, police, military, etc.)

Section 1-3

Sections are to be filled out accurately. Do not use nicknames.

Section 4

All nominations must include a letter of recommendation from the sponsor describing the incident. If the nominees are members of a team, each member must have a separate letter of recommendation describing the incident and the member's role.

Section 5 (Optional)

Supporting letters are helpful, but medical documentation is not required.

Section 6

Give reason, event, place, and dates, indicating exactly how the wording on the award certificate should appear. Be brief as space on the certificate is limited. The CNY Region reserves the right to change such wording.

4. Letter of Recommendation is attached (as required): YES
 5. Supporting Documents are attached YES
 6. Wording on Certificate (event, place, date): _____
 (limited space) _____

To whom award should be sent:

Name _____
 Address _____
 City, State, Zip _____
 Date Needed _____

Copies: 1 Patrol 1 Region