



Please refer to Chapter 10 of the current version of NSP Policies and Procedures for award guidelines before completing this form.

**NOMINATION
 MERIT STAR or NATIONAL CERTIFICATE OF APPRECIATION**

PURPLE BLUE GREEN YELLOW NATIONAL CERTIFICATE OF APPRECIATION

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

45 DAYS ARE REQUIRED BY THE NATIONAL OFFICE FOR PROCESSING AND MAILING OF AWARDS FROM DATE RECEIVED IN THE NATIONAL OFFICE

APPROVALS

Print

Sign

Sponsor		Date Signed	
NSP Patrol Representative		Date Signed	
Section Chief/Region Director		Date Signed	
Review Board Chair		Date Signed	
Region Awards Advisor		Date Signed	
Division Awards Advisor		Date Signed	
Division Director/Designee		Date Signed	

INSTRUCTIONS

This form is used for the nomination of a patroller for a NSP Merit Star or National Certificate of Appreciation. It should be typewritten and include the date the form was prepared. Font size should not be smaller than 9 point.

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.

Section 5

The following support material is required:

- PURPLE MERIT STAR - a signed statement from an attending physician, or in his/her absence, a medically knowledgeable witness. Also letters from others in attendance would be helpful.
- BLUE MERIT STAR - same documents required as those for purple and green merit stars.
- GREEN MERIT STAR - newspaper clippings, statements from government officials, and any other knowledgeable persons of the incident indicating the nominee's involvement.
- YELLOW MERIT STAR - any appropriate material in accordance with your division policy.
- NATIONAL CERTIFICATE OF APPRECIATION – letter of justification signed by the sponsor.

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 National Office reserves the right to change the wording thereof.

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: (To be completed by Division)

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

Copies: 1 Patrol 1 Section (if required) 1 Region 2 Division (original to be sent by Division to National Office)