

**Coastal Bend Regional Advisory Council TSA-U**  
**OUTSTANDING SERVICE AWARD NOMINATION FORM**

Please utilize this form to submit a nomination for someone who has done an outstanding job in Trauma Care. This includes Dispatchers, First Responders, EMR's, EMT's, AEMT's, Paramedics, Nurses, Emergency Department Physicians, and EMS educators who have gone above and beyond the call of duty for EMS or had an outstanding field or ER save.

This form can be submitted to CBRAC at any time. CBRAC staff will review all nominations and recommend 2 recipients (one from EMS and one from Hospital). Recipients will be determined on a quarterly basis and recognized at the CBRAC quarterly membership meeting. In addition, a compilation of the quarterly award recipients for the year will be utilized by the CBRAC Board to determine recipients of the TSA-U Annual Outstanding Member Awards.

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**Information on Person Submitting Form**

Name  Agency   
Address  Phone #   
City  State  Zip  E-mail

An invitation will be sent to you at the address above.

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**Information on Nominee(s)**

Name  Phone #   
Address  Agency   
City  State  Zip  E-mail

**Please describe the special effort made by the nominee(s) as a Trauma Care provider(s). List any or all of the items that led to them being selected for nomination (e.g., dispatch excellence, education, victim services, community service/outreach, public safety related efforts, exceptional medical care, etc.).**

**Please limit to 100 words or less. Attach a separate sheet if necessary.**

**MAIL TO: CBRAC, PO Box 18460, Corpus Christi TX 78480**  
**FAX TO: 361-939-7117, or e-mail to: [cbrac@cbrac.org](mailto:cbrac@cbrac.org)**