



National Association of Emergency Medical Services Educators

## 2015 James O. Page Award



1936-2004

*Recognized as One of the Most Exceptional and  
Influential Leaders of Emergency Medical Services*

To honor the legacy of James O. Page, the National Association of EMS Educators is honored to hold its annual James O. Page Memorial Award, providing financial support and educational opportunity for an EMS Educator unable to attend the Annual Symposium and Trade Show without financial support.

### *This special award provides:*

Travel arrangements to attend the 20<sup>th</sup> Annual Educator Symposium and Trade Show (up to \$400.00)

Three nights of accommodations at the Omni Nashville in Nashville, TN

Symposium Registration (Pre or Post Conferences Not Included)

### *Eligibility:*

Applications must be submitted no later than **May 15, 2015**.

This scholarship is exclusively available for members of the National Association of EMS Educators.

Qualified applicants must be active EMS Educators who meet the limitations for financial assistance.

Applications will be stripped of all personal identifiers when they are reviewed by NAEMSE Recognition Committee on the following criteria:

- Active Involvement in EMS Education
- Financial Dependency
- Commitment to Emergency Services
- Benefits to the Applicant, their Students, Institution and Community

**Applications must be submitted electronically to [naemse@naemse.org](mailto:naemse@naemse.org).**

Questions? Please contact Nora Davidson at [naemse@naemse.org](mailto:naemse@naemse.org) or call 412-343-4775 ext 23. Applicants will be acknowledged. If you do not hear from us, please confirm that your submission was received.

James O. Page Image Provided By **JAMES O. PAGE  
CHARITABLE FOUNDATION**



*National Association  
of EMS Educators  
Application Form*

## 2015 JAMES O. PAGE AWARD

### DIRECTIONS FOR SUBMISSION

Complete the application electronically. Illegible or incomplete applications will not be considered. Applicants will be notified when the application has been received and again when a decision has been made regarding the applicant's acceptance for the award.

Once the form has been completed it should be scanned/saved to a **single** file and named using the following naming convention, as follows: JOP\_(Year)\_(State)\_(LastName). Please use four digits for the year and the two-letter postal abbreviation for state information. For example – JOP\_2015\_AL\_Smith. The single scanned file should be e-mailed to [naemse@naemse.org](mailto:naemse@naemse.org). Nominations must be submitted no later than **May 15, 2015** for consideration.

**Eligibility:** Applicant must be a member in good standing of the National Association of EMS Educators and must be an active EMS Educator who meets the limitations for financial assistance.

**PLEASE NOTE:** Applications will be blinded and ranked by the NAEMSE Recognition Committee based on the following criteria:

- Active Involvement in EMS Education
- Financial Dependency
- Commitment to Emergency Services
- Benefits to the Applicant, their Students, Institution and Community

### REQUIRED DOCUMENTS:

- ☐ Application Form
- ☐ Picture of awardee (please send as JPG files)
- ☐ Curriculum Vitae/CV

Any questions? Please email [naemse@naemse.org](mailto:naemse@naemse.org) or call 412-343-4775 ext. 23.



*National Association  
of EMS Educators  
Application Form*

## 2015 JAMES O. PAGE AWARD

### APPLICANT

Name		NAEMSE Member #	
Street	City	State	Zip
Title		E-mail	
Organization		Phone	Cell

**NOTE TO APPLICANT:** FOR THE REMAINDER OF THIS APPLICATION, IT IS REQUESTED THAT NO SPECIFIC NAMES OR ADDRESSES OF EMS ORGANIZATIONS FOR WHICH YOU WORK OR VOLUNTEER BE PROVIDED.

### INVOLVEMENT WITH NAEMSE

Years as a Member:

List all committees or activities with NAEMSE since becoming a member:

- 
- 
- 
- 

### EXPERIENCE IN EMS

**Instructions:** Provide the “type of institution” (e.g., community college, fire department, etc.), and for “type of and level of instruction provided” indicate if the lead instructor, lecturer, lab/clinical instructor, and/or preceptor. Provide the “number of years providing instruction” to the closest number of year(s).

Type of Institution	Type and Level of Instruction Provided	Number of Years Providing Instruction

### EMS CLINICAL EXPERIENCE

**Instructions:** Give a listing of EMS clinical experience as an EMS field provider. The “type of organization” (e.g., ambulance, first response, air medical, etc. and the “level of care” provide the certification/licensure level commonly used (e.g., First Responder, EMT, Intermediate, and Paramedic). Provide the “number of years affiliated” to the closest number of year(s).

Type of Organization	Level of Care	Number of Years Affiliated

## COMMUNITY RELATED ACTIVITIES

**Instructions:** Provide the “name of organization, other than EMS, that you are affiliated and do some type of volunteer work and a “descriptive title” of the activity you perform (e.g., board of directors, mentoring, tutoring, etc.). Provide the “length of time involved” to the closest number of year(s).

Name of Organization	Descriptive Title	Length of Time Involved

## STATEMENT OF FINANCIAL NEED

**Instructions:** Provide a summary statement that focuses specifically on the financial need for a scholarship. Provide as much specificity as possible that clearly explains why this scholarship is necessary in order for you to attend the annual NAEMSE Educational Symposium. *This statement should NOT exceed 150 words.*

HAVE YOU ATTENDED ANY NAEMSE ANNUAL SYMPOSIA? ☐ YES ☐ NO

### STATEMENT OF BENEFIT

**Instructions:** This section should describe how you anticipate this scholarship can benefit you as an educator, the students you teach, and the community of providers who will hire your students. Basically, how do expect your attendance will be beneficial within “your EMS world.” This should be a vision statement of your personal role and involvement in EMS education. *This statement should NOT exceed 300 words.*

### REFERENCES

Name of Reference	Title and Name of Organization	Telephone Number