

Template Instructions – Central Division Critical Care Award

TEMPLATE INSTRUCTIONS: Use this template to nominate a patroller, alumni, host or team for the Central Division Critical Care Award. Submit this template as the original .docx file format to the applicable Region review/approval officer.

NOTE: This template is “protected” to prevent alteration and to preserve the structure and format integrity. If file protection is disabled, enable it again before submitting to the Approval chain. DO NOT change any template field structure/format/titles or file extensions.

DATE PREPARED: The date the Sponsor prepares the submission.

SECTION 1-3 – Fill out sections accurately. Enter the name as it should appear on the award certificate. Do not use nicknames.

SECTION 4 – Fill out ALL info fields in the “Send this award to” section with a Name, Mailing Address and the Date Needed. Note: Division requires at least 15 days for processing.

SECTION 5 – Give reason, event, place, and dates, indicating exactly how the wording on the award certificate should appear in the centered space provided. Be brief as space on the certificate is limited. The Division Office reserves the right to change the wording thereof. Example: “Demonstrating Outstanding Critical Care Skills at (incident/injury) at (location) on (date)”

SECTION 6 – See Section 7. C below for team supporting document.

SECTION 7 - Sponsor’s Recommendation - All nominations must include a sponsor’s recommendation.

The intent of this award is to recognize a patroller, alumni, host or team, using OEC/OFC training and skills, whose heroic care for a patient with a high potential for life threatening injuries and illnesses, does not meet the specific lifesaving requirements for a Purple or Blue Merit Star.

- A. The Critical Care Recognition may be presented regardless of where the act was performed, provided the emergency care was accomplished under the sole direction and sole responsibility of patroller(s). Patrollers who are under the direction of another group (e.g., search and rescue, American Red Cross, military) do not qualify for a Critical Care Recognition, nor do individuals who perform the aid while on duty during their normal occupations or medical commitments (e.g., ambulance crew, firefighter, medical personnel, etc.) unless that occupation is ~~ski~~patrolling.
- B. The Critical Care Recognition for a patroller requires that that patroller’s nomination has a recommendation describing the incident but does not require medical documentation.
- C. The Critical Care Recognition for a team requires each member to have an individual nomination form. Sponsors should use a timeline to describe the overall incident and what each participant performed during the incident. Submit all nominations for a team as a package.



CENTRAL DIVISION CRITICAL CARE AWARD

Please refer to the template Instructions before completing this form.

Date prepared: _____

NOMINATION

1. Nominee's Name: _____

NSP ID: # _____

2. Mailing Address: _____

3. Registered with the _____ Patrol

_____ Region

4. Send this award to: _____

Date Needed: _____

Mailing Address:

(NO PO Boxes)

APPROVALS

Printed Name & Member ID

Just Date - Do Not Sign

Date Signed

Sponsor			
NSP Patrol Director / Representative			
Region Representative			
Division Awards Advisor			
Division Director / Designee			

5. Certificate Wording - **limited to 3 (centered) lines or less** (event, place, date)

Central Division of the National Ski Patrol
hereby awards the
Critical Care Award
to
Nominee Name
in recognition and acknowledgement for

6. Supporting Documents are attached: ☐ YES

7. Sponsor's Recommendation (Explain the Incident and what patroller/host(s) did. Emphasize demonstrated use of OEC/OFC skills):