

**INTERNATIONAL ASSOCIATION OF FLIGHT
& Critical Care PARAMEDICS
2012 *Tim Hynes Award***

Submission Form

Nominee's Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Program Name: _____

Program Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Program Phone: _____

Nomination Submitted By: _____

Title: _____ Phone: _____

Email Address: _____

Nominee is aware of this nomination. Yes No (Circle one)

Please complete this cover sheet and then attach any documentation you feel would support your nomination of this paramedic for the *Tim Hynes Award*. We anticipate a competitive environment and encourage you to be as complete as possible.

Please forward your complete submission to:

IAFCCP Tim Hynes Award

4835 Riveredge Cove

Snellville, GA 30039

Fax: 770-979-6500 or Email: m.newman@flightparamedic.org

Submissions must be received in our office by 1800 EST on Friday, February 24, 2012.

Thank you for taking the time to nominate a Flight Paramedic for this prestigious award.

The *Tim Hynes Award* is proudly sponsored by:

