THE AMERICAN LEGION
DEPARTMENT OF TENNESSEE EMERGENCY MEDICAL TECHNICIAN OF THE YEAR AWARD
NOMINATION FORM

All efforts have been expended, and will continue to be expended, to assure fairness and impartiality to all department nominees. We strongly believe that the presentation of The American Legion Department of Tennessee Emergency Medical Technician of the Year Award will reflect great credit on EMTs and agencies, communities, states, our nation, and The American Legion. It is our underlying hope that this award program will also further encourage such recognition of "America's Bravest" at the post level.

Nominee's Full Name:					
Gender:		Age:		Marital Status:	
Length of service as an EMT:					
Home Street Address:					
City, State, Zip:					
Phone Number:					
Spouse's Name:					
Agency Name:					
Agency Director:					
Agency Director's Title:					
Nominee's Supervisor:					
Supervisor's Title:					
Department Submitting Nomination:					
Department Law and Order Chairman:					
Street Address:					
City, State, Zip:					

_____ _____

Post Commander Signature Date

Submit Application by January 4, 2027

Submit to: **The American Legion**
Department of Tennessee
Attn: Adjutant Tuttle
318 Donelson Pike
Nashville, TN 37214
Email: adjutant@tnlegion.org