



**American
Red Cross**

Health and Safety Services Lifesaving Award Nomination Form

BASIC APPLICATION INFORMATION

The _____ Chapter of the American Red Cross nominates the person(s) listed within to receive the following award (check one).

- [Certificate of Merit](#)
- [Lifesaving Award for the Professional Responder](#)

This award is being submitted as an/a (check one)

- Individual award.
- Team award. (In the event there is more than one nominee for the same lifesaving or life-sustaining action.)

NOMINATOR INFORMATION

Name of Nominator	Phone Number

RED CROSS UNIT CONTACT INFORMATION

Name of Contact	Daytime Phone	E-mail Address
Unit Address (No P.O. Box)		
Street		
City	State	Zip
Signature of Chapter Executive		

FOR USE BY NATIONAL HEADQUARTERS ONLY

Date Received:

Nominee Information

(If this is a team award, please complete and submit a separate page for each nominee.)

(Please Type or Print)

PERSONAL DATA			
Name (as it is to appear on the Certificate)	Age (actual or approximation)	Gender (M or F)	Parent's Name (if nominee is younger than 18 years old)
Permanent Home Address			Occupation
Daytime Phone	Evening phone		E-mail address
Congressional District Number (based on nominee's permanent home address)	Name of U.S. Representative (based on nominee's permanent home address)		If active duty military, branch and rank.

NOMINEE'S TRAINING			
List American Red Cross Health and Safety Services training courses completed by nominee that support this nomination.			
Name of Course	Date	Location	Name of Instructor
Statement by the nominee if course record or certificate can not be located giving type of course, course location, date(s) or course (if not known, then approximate), and name of instructor (if possible).			
Signature: _____			
Other Red Cross Training (Check all that apply)			
<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> Water Safety	<input type="checkbox"/> Lifeguarding
<input type="checkbox"/> Other:			

SKILLS USED IN SAVING OR SUSTAINING LIFE OF VICTIM: (check all that apply.)			
<input type="checkbox"/> Airway cleared (head tilt)	<input type="checkbox"/> Airway cleared (abdominal thrust)	<input type="checkbox"/> Rescue Breathing	
<input type="checkbox"/> Chest compressions (CPR)	<input type="checkbox"/> AED	<input type="checkbox"/> Controlled severe bleeding	
<input type="checkbox"/> Care for shock	<input type="checkbox"/> Care for poisoning	<input type="checkbox"/> Care for burns	
<input type="checkbox"/> Water Rescue with equipment	<input type="checkbox"/> Water rescue swimming		
<input type="checkbox"/> Other			

STATISTICAL DATA					
	Yes	No		Yes	No
Did victim receive medical care?	□	□	Did victim have a pulse when emergency personnel arrived?	□	□
Is victim still alive?	□	□	Did nominee have a duty to respond? *	□	□

* See criteria for appropriate award.

NOMINEE CONSENT FORM

CONSENT TO USE NAME AND PHOTOGRAPH OF NOMINEE

(Use one copy of this form for each nominee.)

At some time in the future the American Red Cross may choose to incorporate the activities of the Health and Safety Services Lifesaving Award recipients into public relations and marketing pieces that promote American Red Cross Health and Safety Services courses, including first aid, CPR and water safety training. These materials may be used in various media including print articles, advertisements, television shows, Red Cross Web site articles or commercials.

If you consent to the use of your name and picture in such materials, the American Red Cross may contact you to discuss the background or the rescue in which you were involved. If you do not want us to use your name, we reserve the right to change names and use the background information and facts regarding the rescue.

Regarding name:

- I authorize the American Red Cross to use my name in any public relations and marketing pieces that they may choose to do.
- I do not authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.*
- I do not authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

(Signature of Nominee)

(Date)

(Signature of Parent/Guardian of Nominee, if nominee is under age 18)

(Date)

(Signature of Notary or Other Witness to Signature Above)

(Date)

* Please provide picture.

CONSENT TO USE NAME AND PHOTOGRAPH OF VICTIM

(Use one copy of this form for each victim.)

At some time in the future the American Red Cross may choose to incorporate the activities of the Health and Safety Services Lifesaving Award recipients into public relations and marketing pieces that promote American Red Cross Health and Safety Services courses, including first aid, CPR and water safety training. These materials may be used in various media including print articles, advertisements, television shows, Red Cross Web site articles or commercials.

If you consent to the use of your name and picture in such materials, the American Red Cross may contact you to discuss the background or the rescue in which you were involved. If you do not want us to use your name, we reserve the right to change names and use the background information and facts regarding the rescue.

Regarding name:

- I authorize the American Red Cross to use my name in any public relations and marketing pieces that they may choose to do.

- I do not authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

Regarding citation:

- I authorize the American Red Cross to use my name in the citation that is given to the nominee(s).

Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.*

- I do not authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

(Signature of Victim)

(Date)

(Signature of Parent/Guardian of Victim, if nominee is under age 18)

(Date)

(Signature of Notary or Other Witness to Signature Above)

(Date)

* Please provide picture.

Victim and Incident Information

(If there is more than one victim, please complete and submit a separate page for each victim.)

(Please Type or Print)

PERSONAL DATA			
Name (as it is to appear on the Certificate)	Age (actual or approximation)	Gender (M or F)	Parent's Name (if victim is younger than 18 years old)
Permanent Home Address			
Daytime phone	Evening phone	E-mail address	

INFORMATION ABOUT THE INCIDENT	
Date of Incident (Month/Day/Year)	Place of Incident (City, State)
Please include at least one corroborating/witness statement: <input type="checkbox"/> Newspaper account <input type="checkbox"/> Medical report <input type="checkbox"/> Police report <input type="checkbox"/> Letter from supervisor <input type="checkbox"/> Statement from witness <input type="checkbox"/> Other (please state):	

WHERE?
Briefly describe the location of the incident and the environmental conditions.

WHAT?
Describe the type of incident and the injuries sustained.

NARRATIVE REPORT
Briefly describe the actions of the nominee(s). Include all of the details—who, what, when, where and how. If names of persons participating in the rescue (who had personal contact with the victim) appear in the narrative and are not listed as nominees, please explain. Begin your narrative in this space. Attach additional sheets if necessary.

INSTRUCTIONS AND CRITERIA FOR SUBMITTING AN AMERICAN RED CROSS CERTIFICATE OF MERIT NOMINATION

INSTRUCTIONS:

1. Complete the entire application. Incomplete applications will be returned to the Red Cross unit. Use “NA” for not applicable. If this is a team award, please complete a separate Nominee Information page for each nominee. The application form should identify **only one lifesaving or life-sustaining act**.
2. Supporting documentation must be attached to the nomination form (see criteria number 6 listed below).
3. The nominating unit’s contact person should retain one copy of the application. Forward the completed application to:

Attn: Dottie Breeden
Preparedness and Health and Safety Services (PHSS)
8111 Gatehouse Road, 6th Floor
Falls Church, VA, 22042
Phone: (703) 206-7764
Fax: (703) 206-7765
breedend@usa.redcross.org

CRITERIA:

1. It must be shown that the action taken by the **nominee(s) saved or sustained a human life** through the use of skills and knowledge gained from the **successful completion** of an American Red Cross Health and Safety Services course **prior** to the lifesaving or life-sustaining act. In the case of a team award, each nominee must have contributed directly to the lifesaving act. If the life of the victim(s) was not ultimately saved, evidence must be shown that everything possible was done to sustain life prior to the victim(s) receiving medical care.
2. Techniques used in the lifesaving or life-sustaining act must be those learned by the nominee in a nationally designed or nationally certified American Red Cross Health and Safety Services course of instruction. *Note: Techniques learned in similar training courses offered by other organizations or medical-training agencies do not meet the criteria for the Certificate of Merit but might meet the criteria for the Certificate of Recognition for Extraordinary Personal Action.*
3. The victim(s) must have been involved in a **life-threatening incident** at the time the nominee(s) gave assistance.
4. It must be conclusively shown that the nominee(s) did not cause or contribute to the incident.
5. The nomination form must be received at American Red Cross national headquarters within one (1) year of the date of the incident.
6. Documentation must be complete and include the following:
 - A. A completed nomination form that includes **all** of the following:
 - A cover page;
 - A nominee Information page;
 - A victim and Incident Information page;
 - A nominee consent form; and
 - A victim consent form.
 - B. Verification of American Red Cross Health and Safety Services training (nationally-designed or nationally-certified course) **must include one** of the following for each nominee:
 - A copy of course record showing nominee’s name;
 - A copy of nominee’s course completion certificate or instructor certificate; or
 - A signed statement from the nominee stating that his or her training meets criteria number 1 and 2.
 - C. A witness statement(s) which **must include one** of the following:
 - A witness statement from someone other than nominee(s);
 - A medical report, which could be EMS “run” sheet (handle as confidential);
 - A police report;
 - A letter from a supervisor; or
 - A newspaper account; or
 - Other statement as determined by NHQ Certificate of Merit Program Manager.
 - D. An individual or group photograph of nominee and/or victim (optional). See consent forms.

INSTRUCTIONS AND CRITERIA FOR SUBMITTING AN AMERICAN RED CROSS NATIONAL LIFESAVING AWARD FOR THE PROFESSIONAL RESPONDER NOMINATION

INSTRUCTIONS:

1. Complete the entire application. Incomplete applications will be returned to the Red Cross unit. Use "NA" for not applicable. If this is a team award, please complete a separate Nominee Information page for each nominee. The application form should identify only one lifesaving or life-sustaining act.
2. Supporting documentation must be attached to the nomination form (see criteria number 8 listed below).
3. The nominating unit's contact person should retain one copy of the application. Forward the completed application to:

Attn: Dottie Breeden
Preparedness and Health and Safety Services (PHSS)
8111 Gatehouse Road, 6th Floor
Falls Church, VA, 22042
Phone: (703) 206-7764
Fax: (703) 206-7765
breedend@usa.redcross.org

CRITERIA:

1. It must be shown that the **nominee(s) saved or sustained a human life**, as part of their employment or while on duty and had a responsibility to respond (e.g., on-duty lifeguards; police, fire and EMS personnel responding to a 9-1-1 call; professional health care workers who have a duty to respond).
2. It must be shown that the action taken by the nominee(s) saved or sustained the life of the victim through the use of skills and knowledge gained from the **successful completion** of an American Red Cross Health and Safety Services course **prior** to the lifesaving or life-sustaining act. In the case of a team award, each nominee must have contributed directly to the lifesaving act. If the life of the victim(s) was not ultimately saved, evidence must be shown that everything possible was done to sustain life prior to the victim(s) receiving medical care.
3. Techniques used in the lifesaving act must be those learned by the nominee in a nationally designed or nationally certified American Red Cross Health and Safety Services course of instruction. *Note: Techniques learned in similar training courses offered by other organizations or medical-training agencies do not meet the criteria for the Professional Responder's award, but might meet the criteria for the Certificate of Recognition for Extraordinary Personal Action.*
4. It must be shown that the action taken by the nominee must have occurred in a pre-hospital setting. *Note: Lifesaving or life-sustaining acts occurring in a facility such as a hospital, urgent care facility/clinic, nursing home and medical center are not eligible for this award.*
5. The victim(s) must have been involved in a **life-threatening incident** at the time the nominee(s) gave assistance.
6. It must be conclusively shown that the nominee(s) did not cause or contribute to the incident.
7. The nomination form must be received at American Red Cross national headquarters within one (1) year of the date of the incident.
8. Documentation must be complete and include the following:
 - A. A completed nomination form that includes **all** of the following:
 - A cover page;
 - A nominee Information page;
 - A victim and Incident Information page;
 - A nominee consent form; and
 - A victim consent form.
 - B. Verification of American Red Cross Health and Safety Services training (nationally-designed or nationally-certified course) **must include one** of the following for each nominee:
 - A copy of course record showing nominee's name;
 - A copy of nominee's course completion certificate or instructor certificate; or
 - A signed statement from the nominee stating that his or her training meets criteria number 1 and 2.
 - C. A witness statement(s) which **must include one** of the following:
 - A witness statement from someone other than nominee(s);
 - A medical report, which could be EMS "run" sheet (handle as confidential);
 - A police report; or
 - A letter from a supervisor; or
 - A newspaper account; or

Other statement as determined by NHQ Professional Responder Award Program Manager.

D. An individual or group photograph of nominee and/or victim (optional). See consent forms.