EARLY BIRD AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E. BOULEVARD AVE. DEPT 301
BISMARCK, ND 58505-0200
Rev 3/2015

INSTRUCTIONS: This form may be completed electronically or by hand. Once completed please print, sign and mail or fax to the address listed above. Please note: ***No more than three (3) total individuals may receive this award per pre-hospital delivery even when multiple EMS agencies are present. This is a life-time award. Beginning June 1, 2015, an individual may only receive this award once in their lifetime.***

EMS Affiliation (Service)

Name of Provider(s):	**Level of Certification**

Where did the pre-hospital delivery take place: (Ambulance, Residence, etc).	
Date	Time
Parent(s) Name:	
◯Baby Boy	◯Baby Girl

Send Award to:		
Name of Service:		
Address:		
City:	State:	Zip Code:
Contact Telephone:		

Signature	Date

Click here to print form. Once printed sign and mail or fax to listed address