



# ST. LAWRENCE COUNTY EMERGENCY SERVICES BUREAU OF EMERGENCY MEDICAL SERVICES

## “Save” Certificate Request Form

The St. Lawrence County Emergency Services Bureau of Emergency Medical Services (SLCBEMS) issues Certificates of Commendation, commonly referred to as “Save” Certificates, to St. Lawrence County Fire, EMS, and Law Enforcement Agencies and their individual members to recognize the use of a defibrillator or effective CPR for reversal of cardiac arrest resulting in survival to discharge from a hospital.

### SECTION ONE: REQUESTING INDIVIDUAL & DEPARTMENT INFORMATION

Request Submitted By:		Phone:
Email:		
Agency/Department:		
Agency/Department Address:		
City/Town:	State:	Zip:

### SECTION TWO: INCIDENT INFORMATION

Incident Date:		Hospital Transported to:	
Time of Call:	Patient Age:	Patient Sex:	

Describe the Incident and Care Provided (Continue on separate sheet if necessary):

<b>Medical Director or Chief/Executive Officer Verification:</b>	
<i>“I certify that the patient involved in the above mentioned response survived to hospital discharge”</i>	
Name: _____	Title: _____
Signature: _____	Date: _____



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### SECTION FOUR: MEMBERS TO RECEIVE CERTIFICATES

Please print clearly – Certificates will be issued to each of the members listed below, as well as the affiliated agency.

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

### SECTION FIVE: DELIVERY

I wish to have these certificates mailed to my department

I wish to have these certificates presented at a meeting or in person

*\*\*OES BEMS Staff, if requested, will personally present these certificates to the agency and members\*\**

**IF IN PERSON**, please give a date, time, and location of your meeting and/or presentation ceremony: