

## County Rep. Report Form

Your Name \_\_\_\_\_ County \_\_\_\_\_

District Director \_\_\_\_\_ Date \_\_\_\_\_

Use this form to report pertinent EMS related information to your District Director. Items of interest would include new Chief Officers or EMS Agencies, EMS Training Courses or Seminars, Individual or Group Acts of Merit, EMS Provider Death, retirement, promotion or honors. **District Directors do award a " District Director's Award"** and rely on County Rep. information in considering the recipient. Please keep your DD up to date!

**Here's the scoop!!!**