

The Chancellery on-line nomination tool and the process for submitting 2024 Exemplary Service Medal nominations will be essentially unchanged from that used for the last five years. Please note the timelines indicated as these will be strictly adhered to. There are two (2) elements required for consideration of any nomination for either the Exemplary Service Medal or for an ESM bar:


1. A completed Chancellery Nomination Form as described below must have the nominee's information fully and correctly entered as outlined further below
 - a. Only ONE Chancellery Nomination Form is to be completed and submitted for **all** of the services nominees and this nomination form must be signed off by the Chief or designated and in all cases it **MUST** be signed by an individual of higher rank than any of the included nominees;
 - b. The only exception to ONE Chancellery Nomination Form for each service happens when a Chief is nominated. When a Chief is nominated a separate Chancellery Nomination form is required for that nomination, and the Chief's immediate superior, e.g., CAO, must be shown as the Nominator.
2. One completed Ontario Information Form **must** be submitted for **each** of the nominated candidates. This form is required whether the nomination is for both Medal **AND** Bar submissions.

In summary no service will submit more than two Chancellery Nomination Forms and most will only submit one:

- Most services will have one Chancellery Nomination form showing all of the service's nominations on that single form, accompanied by an Ontario Information Form for each candidate:
- Where the Chief is being nominated the service will have two Chancellery Nomination Forms, one for the Chief and a second for all other nominees, accompanied by an Ontario Information Form for each candidate.

The Chancellery Nomination Form

- **The Chancellery Nomination Form is available for download at the OAPC Website**
<https://www.oapc.ca/awards/>
or at <https://www.gg.ca/en/honours/canadian-honours/directory-honours/exemplary-service-medals/emergency-medical-services-exemplary-service-medal>
- **Do not write over a previously submitted form from a prior year.**
- **Go to the OAPC Website, download a FRESH form to your system before you start the process.**
- **If more than one Nomination Form is required (only when there is a nomination for a Chief in addition to nominations for staff), save two original copies to your system.**
- **Previously submitted forms that are copied over may be rejected by the Chancellery due to difficulties integrating with their data base.**
- **Page 1 of the form, with instructions looks like the picture below**
- **DO NOT SUBMIT THE CHANCELLERY FORM DIRECTLY TO THE CHANCELLERY. This will delay the process and cause them work as it will just be forwarded back to the Provincial Committee for review and determination.**




Emergency Medical Services Exemplary Service Medal

Nomination Form

This document is confidential once completed.

VERIFY



Instructions

PART A
The name of the recipient will be engraved on the edge of the medal and inscribed on the certificate. Please ensure correct spelling of the name. The years of service must be indicated in full (month/year). The remaining information in Part A is necessary to avoid the risk of duplication; it will form part of the recipient's permanent file.

PART B
The nominating authority must be the recipient's employer/supervisor. Self-nominations will not be accepted.

PART C
The information contained on the nomination form is certified by the provincial or territorial awards committee to ensure eligibility of the recipient.

PART D
To be completed and recommended by the chairperson of the Advisory Committee or by an Advisory Committee member empowered in writing by the Committee to recommend.

PART E
The COMMENTS section may be used to indicate an extraordinary (including posthumous) nomination or to explain why the nomination was rejected. Please note that a posthumous award is reserved for an individual who dies in the performance of his or her duties, where the individual is not the recipient of any other award from the Crown in Right of Canada directly related to the circumstances of his or her death.

Sequence

1. Initial nomination of an individual by a pre-hospital emergency medical service is sent to the appropriate provincial/territorial awards committee.
2. Eligibility of candidate(s) must be verified and certified by the awards committee, then sent for approval to the Advisory Committee.
3. The completed form shall be forwarded by the Advisory Committee, by email only, at the address indicated on the last page of this form, for processing by the Chancellery of Honours.
4. Submissions received by the Chancellery require the governor general's approval.
5. Medals and certificates will normally be sent to the provincial or territorial awards committee for official presentations on behalf of the governor general.


NOTE: The Exemplary Service Medal is intended, above all, to recognize the years of service of those who meet the eligibility criteria set out in the Regulations. Participating organizations cannot add or delete eligibility criteria; they must also ensure that the candidates' performance of duty involves potential risk, that they have the required number of years of service, and that they have the service records to justify the awarding of the Medal (for example, that no serious disciplinary action has been taken against them).

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Only Part A and Part B of the form are completed by the Nominator. DO NOT FILL IN PART C or D. In the original template these parts will look like the picture below. As you enter information into the template the sections will grow as required.




Emergency Medical Services Exemplary Service Medal

Nomination Form

This document is confidential once completed.

VERIFY



A. Recipient:

	First Name as it should appear on Certificate (required)	Last Name as it should appear on Certificate (required)	Name as it should appear on Medal (for example, Joseph Donald Smith should be written J. D. SMITH)	Gender	Position Title	Preferred Language (required)	Date of Birth dd/mm/yyyy (required)	City of Residence (required)	Provincial/Territory (required)	May we post this name on our website?	Nominated for (20, 30, 40, 50 years) (required)	Years of Service (MM/YYYY to MM/YYYY + Organization + Position Held) <small>Box will expand in height</small>
Remove this row	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add another row	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Nominator:

Mr. Ms. Miss

 Preferred Official Language (required) English French

 First Name (required)

 Last Name (required)

 Position (required)

 Organization (required)

 N° (required)

 Street Address (required)

 Apt.

 City (required)

 Provincial/Territory (required)

 Postal Code (required) ABX1A0 (no space)

 Telephone, ext. (required) (000) 000-0000

 Fax (no spaces)

 Cellphone (no spaces)

 email (required)

I certify that the person named in part "A" has served the department(s) listed for the period(s) stated, that during this service, no serious disciplinary action has been taken against him/her, and that he/she is eligible to receive the Exemplary Service Medal or Bar(s).

Recommended | Date (dd/mm/yyyy) |

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Important items to remember are as follows:

- The Nominator **must** be the Employer or, in the case of an individual who has retired or who no longer works in the EMS system, the most recent EMS employer;
- The Nominator must always be in a position senior to the most senior nominee listed in Part A.

Step 1 – Complete Part A: In Part A, complete all of the information requested. When you hover the mouse pointer over a box further guidance is available. If the information required is incomplete the form cannot be processed:

1. First Name and Last name as should appear on the certificate.
 - Please ensure spelling is correct;
 - If the nominee would like their First Name and Middle Name or initial on the certificate place the Middle Name or initial in the First Name box with a space as appropriate.

Examples:

	First Name as it should appear on Certificate <i>(required)</i>	Last Name as it should appear on Certificate <i>(required)</i>		First Name as it should appear on Certificate <i>(required)</i>	Last Name as it should appear on Certificate <i>(required)</i>		First Name as it should appear on Certificate <i>(required)</i>	Last Name as it should appear on Certificate <i>(required)</i>
Remove this row	Charles	Brown		Charles Adam	Brown		Charles A.	Brown

2. The Nominee’s name as it should appear on the edge of the medal (This is initial, or initials, and last name only (Example on right)
-
3. Gender is currently limited to a dropdown choice of M (Male) or F (Female). One of these must be selected.
 4. Position title is the nominee’s current position at the service (Whatever description you believe is appropriate (Chief, Deputy Chief, Commander, Superintendent, Paramedic, Dispatcher, etc...))
 5. Preferred Language is the nominee’s choice for which of the two official languages documentation or correspondence will be in. Choices are limited to EN (English) or FR (French). One of these must be selected.
 6. Date of birth, in the format dd/mm/yyyy (for example 02/11/1960 for 02 Nov 1960). You can only enter this in the required format. Please be careful in entry. For example while the system would allow either 02/11/1960 or 11/02/1960 to be entered for someone born on Nov 2, 1960, only one is correct. The format is always DAY/MONTH/YEAR for this template.
 7. “City of Residence” is the city or town the nominee lives in, not the City that the service is located in.
 8. “Province” is the Province the nominee currently lives in. In border areas, or where the nominee has retired or moved on to other activities, the Province of residence may not be Ontario. The choices come from a drop down menu.
 9. “May we post this name on our website?” This is a dropdown menu with YES or NO options. If No is selected the nominee’s name will not be shown on the Governor General’s website as a recipient. The normal response is YES unless there is a specific reason not to.

10. “Nominated for...” includes choices for

- Medal (20 Years)
- 1st Bar (30 Years)
- 2nd Bar (40 Years)
- 3rd Bar (50 Years)

Select which you are nominating them for. Only one choice can be made per line. Please note that an individual being nominated for a Bar who has not previously received the medal must first be nominated for the medal. If you are nominating the individual for the Medal plus their first and or second Bar an additional row must be added after the Medal row for each Bar to do this (see below).

11. “Years of Service” must be fully completed for each position held. This includes the dates (month and year service started and ended), the name of the organization, the position held, and whether the position was FT (full time) or PT (part time).

- input the information starting with the oldest position
- hit enter when you have completed the oldest position to move to the next line and input the next oldest position
- Example:
 05/1990 – 09/1990 + ABC EMS + PCP + PT
 10/1990 – 12/1995 + ABC EMS + PCP + FT
 and so on until all entries have been made up to the current position
- The box will automatically size itself to your entries. If you are uncertain whether the entry has been made because it has scrolled up, click outside the box, it will resize, and you can then click into the box and continue entries.

A sample completed line for a Medal nomination is provided below:

Remove this row	First Name as it should appear on Certificate (required)	Last Name as it should appear on Certificate (required)	Name as it should appear on Medal (for example, Joseph David Smith should be written J.D. SMITH)	Gender	Position Title	Preferred Language (required)	Date of Birth dd/mm/yyyy (required)	City of Residence (required)	Province/Territory (required)	May we post this name on our website?	Nominated for (0, 30, 40, 50 years) (required)	Years of Service (MM/YYYY to MM/YYYY + Organization + Position H&M) (Box will expand in height)
	Charles A.	Brown	C. Brown	M	Supervisor	EN	02/11/1960	Anytown	Ont.	Yes	Medal (20 years)	05/1990 - 09/1990 + ABC EMS + PCP + PT 10/1990 - 12/1995 + ABC EMS + PCP + FT 01/1996 - 05/2006 + MY EMS + PCP + FT 06/2006 - 10/2010 + MY EMS + ACP + FT 11/2010 - Present + MY EMS + SPVR + FT

12. If you are nominating the individual for a Bar at the same time as the medal you would then click on “add another row” to move forward. Simply repeat the information you entered in the previous row and then then select 1st Bar (30 Years) in the “Nominated For” column.

13. If you are nominating the same individual for a Second Bar concurrent with the Medal and First Bar, again add another row, enter the information again in each space, and this time select 2nd Bar (40 Years).

14. When you are complete with the first individual you are nominating select “add another row” and enter the information for your next nominee. Continue this process until all nominations have been completed.

15. Please note that an individual who has previously received the Medal, and is being nominated for a Bar only, still must have all of the information entered into the row.

16. When all nominations have been completed move to Part B (Nominator Information).

If the information for nominees is incomplete, there are obvious errors, or if the committee is unable to determine what is intended with the entry, we will need to return it to you for clarification. This may slow down the process or cause deferral of the nomination to a subsequent year.

DO NOT submit a separate Chancellery Form for each nominee from your service. A second Chancellery Form should only be submitted if the Chief is being nominated by the CAO in addition to other nominees within the service.

SPECIAL NOTE: For individuals nominated for the Medal and a Bar on the same form no information other than the nominee’s name and award is required in the second row. The second row is an additive to the first. Enter the nominee name on the line and under award, select 1st Bar. If it is medal, first bar, and second bar, add a third row for the second bar – for a medal, first bar, and second bar the first row with the persons name will have all details, the second row their name and the award “First Bar”, and the third row their name and the award “Second Bar”.

Step 2 – Complete Part B: In Part B, complete the name and contact details for the Nominator. As noted earlier, only an Employer may nominate (except under exceptional circumstances approved by the National Advisory Committee). **The nominator must hold a position senior to the most senior nominee on the list.** The nominator should only certify information they know to be accurate based on available substantiating records or direct personal knowledge.

B. Nominator:

Mr. Ms. Miss

First Name (required)
Last Name (required)
Position (required)

N^o (required)
Street Address (required)
Apt.
City (required)
Provincial Territory (required)
Postal Code (required)
ABX1A0 (no spaces)
Telephone, int. (required)
(000) 000-0000
Fax
(no spaces)
Call Signs
(no spaces)

email (required)

Preferred Official Language (required)

English French

Organization (required)

I certify that the person named in part "A" has served the department(s) listed for the period(s) stated, that during this service, no serious disciplinary action has been taken against him/her, and that he/she is eligible to receive the Exemplary Service Medal or Bar(s).

Recommended Date (dd/mm/yyyy)

The information required in Part B is self explanatory, mandatory sections are identified as “required”.

Normally this section is completed by the Chief, or the most senior person in the service or organization. In circumstances where an individual other than the Chief has been delegated to complete the section the requirement remains that the Nominator be senior in rank or position to the most senior person being nominated. Note that where the nominator is not the Chief or most senior person a confirmation will be sent to the Chief or most senior person to confirm agreement prior to the nomination moving forward. For example, a Superintendent cannot nominate a Deputy Chief or Commander. If that occurs the form will be returned for correction.

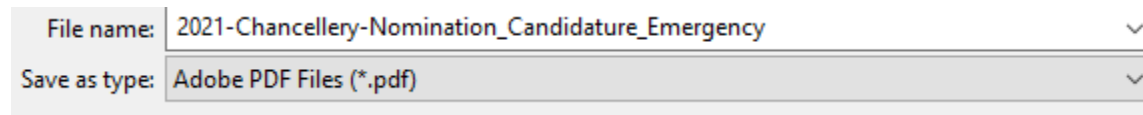
In completing this section the Nominator accepts responsibility for ensuring the service years are as stated, that no serious disciplinary action has been taken against the nominee, and that the nominee is considered eligible by the Nominator, and the Service, to receive the Exemplary Service Medal under the terms and conditions as outlined in the Regulations for the medal and/or bar(s).

The Regulations are available for viewing at:

https://www.gg.ca/sites/default/files/media/honours/esm/emergency_regulations.pdf

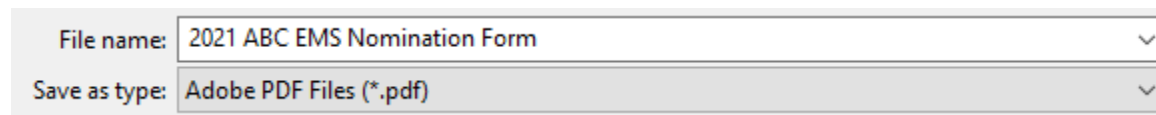
Step 3 – Save the Completed Form: Upon completion of Part B, the finished form should be saved as “2019 [Service Name]”. The Save As Type will be Adobe PDF Files (*.pdf).

1) Select File Save As. The default Save As option should look like the following:



File name:	2021-Chancellery-Nomination_Candidature_Emergency	▼
Save as type:	Adobe PDF Files (*.pdf)	▼

2) Change the file name. If the Service name is “ABC EMS” type the new file name in. For example in this case the file save name would be “2019 ABC EMS Nomination Form”.



File name:	2021 ABC EMS Nomination Form	▼
Save as type:	Adobe PDF Files (*.pdf)	▼

3) Save the completed file.

Where two Chancellery Nomination Forms are required because of a Chief’s nomination, name the first “2020 [Service Name] 1.doc” and the second “2020 [Service Name] 2.doc”.

Once the file is saved prior to submission you are still able to go back and edit the file, including editing the information, adding rows, and deleting rows. Rows are added only at the end of the document, not between existing rows.

If you have edited or added information to an existing form you can simply save it again.

Completion of the Ontario Information Form

The Ontario Information Form (OIF) provides the Provincial Awards Committee with detailed information about each nominee. As outlined in Regulation the Exemplary Service Medal is not a long service medal, it is awarded only for exemplary service. The OIF is intended to provide you an opportunity to inform the committee members why this individual is exemplary. The Form has been changed from a checkbox plus info form to a required fill in form with examples. **DO NOT USE A PRIOR YEARS FORM.**

**EMS EXEMPLARY SERVICE MEDAL ONTARIO
INFORMATION FORM 2023**

Nominee Information

Service:

Surname: First Name: Initial:

Current Status:

Date of retirement/death:

The nominator must confirm the nominee has not been the subject of significant discipline including, but not limited to, violations of patient care standards, patient confidentiality or Criminal Code offences, or recent minor discipline

I can confirm the Nominee has not received/been the subject of major discipline or recent minor discipline: If "No", date of last discipline:

Does Nominee identify as First Nations or Indigenous?

Nominating Authority/Current Employer Information

As prescribed by the Regulations governing National Honours and Awards, EMSESM nominations can only be submitted by a member of the Service or Entity Management Staff who is senior in rank or position to the nominee.

Nominator Name:

Title: Email:

Number of Years the Nominee has been known by the Nominator:

Individual Profile - EMS

The ESM is not a long service medal, it is awarded only for individuals who have demonstrated exemplary service. For the review committee to better know the nominee, tell us about some of their interests and involvement.

Please note that if there is insufficient information provided to demonstrate Exemplary Service the Review Committee will not recommend approval of the award.

Describe any relevant EMS Committee or Team activities including dates and positions: (example, OHS, Service Review, College Committees, etc)

Where the nominator is aware the nominee has worked for other services prior to their current position it is appropriate and beneficial for the nominator to contact the prior employer to confirm their employment record. This assists in preserving the integrity of the exemplary nature of the award. If the

Committee has questions about the nominees history and the nominator is unable to answer these questions the award may not be moved forward.

Following the 2021 review meetings the Ontario Awards Committee requested a change to the form, and additional suggested areas for recognition, so that the information supporting exemplary status is more descriptive in all cases rather than the previous simple check boxes with optional information. The more information that is provided within a free text box in support of an individual nomination the more likely it is that the nomination will be recommended by the Committee when reviewing it. The form has been modified so that entries into the free text boxes will automatically wrap, and the size of the box will expand to match the level of details you enter into the box.

Examples of the free text boxes are below. Entries are NOT required for every box. If you have nothing to enter you can leave the box blank, enter “None” or “N/A”.

<p>Describe any relevant EMS Volunteer Activities including dates and level of commitment: <small>(eg Paramedic Memorial Ride, Peer Support, fundraising MedVent, Patient Care Competitions, PR displays, school visits etc)</small></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Describe any EMS Association Activities including dates and level of activity: <small>(eg OAPC, OPA, PAC, PCC, APCO, NENA, IAED or other)</small></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Canadian military service entries are important where applicable, including information whether the Nominee has received military decorations such as the CD. Dates of military service are very important where time served in the military, which has not already been recognized with a CD, is requested to be added to time served in Canadian public paramedic service delivery.

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Describe any Canadian Military Experience: <small>(Regular forces, Reserve Forces, Cadet Instructor Cadre, including start and end dates and activities)</small></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
<p>Has the Nominee received a CD or other Military Decoration? <small>(Describe and Year)</small></p> <table border="1"><tr><td>Decoration:</td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>Year:</td><td><div style="border: 1px solid black; height: 20px; width: 50%;"></div></td></tr></table>	Decoration:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Year:	<div style="border: 1px solid black; height: 20px; width: 50%;"></div>
Decoration:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Year:	<div style="border: 1px solid black; height: 20px; width: 50%;"></div>			

Where a service wishes to provide additional information in support of a nomination this can be done in a regular supporting memo to the Committee.

Each finished OIF should be saved with a file name which includes the Year, the Service Name, and the Nominee Surname.

- Example: "2024 ABC EMS Bill Brown.pdf".

CAUTION NOTE: We have had instances in the past where the nominee was not recommended by the Committee for an award simply because the service did not provide sufficient information in the Ontario Information Form to support acknowledgment of exemplary service. If you have very little information in the Ontario Information Form, or if you do not provide an Ontario Information Form, the nomination may be rejected by the Committee.

Final Steps:

When you have completed:

- 1) A Chancellery Nomination Form in the required format for all service nominees; **and**
- 2) An Ontario Information Form (OIF) for **each** nominee

Forward the completed Chancellery Nomination Form and all completed OIF forms to ESMnominations@oapc.ca and a copy to troy.cheseboro@durham.ca

NOTE: While the Chancellery Nomination Form on Page 4 provides an email address for forwarding the nomination (below) this email address is for the Advisory Committee, NOT the nominator. **Do NOT send the nomination to the Chancellery directly.** If you forward the nomination to the Chancellery directly it may not be received by the Committee for consideration.

The Advisory Committee to send the completed form by email to: ESM-MSE-NOMINATIONS@GG.CA
(this document is confidential once completed)

Receipt of nominations will be acknowledged via email.

Completed nominations are to be received prior to February 9, 2024. While nominations received after that time may be considered in unusual circumstances this is at the discretion of the Committee. In the absence of unusual circumstances as determined by the Committee any late nominations are put forward to the next nomination year.