



EARLY BIRD AWARD
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 61248 (01/2021)



Complete this form electronically or by hand. Provider license must be current to receive award. Print, sign, and mail, email or fax this form to the Division of Emergency Medical Systems, EMS for Children.

EMS Agency

Providers Nominated	Certification Level

Location of delivery (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

For DEMS Use Only:

Approved	Not Approved
Signature	
Date	

NORTH DAKOTA



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