IDAHO DEPARTMENT OF CORRECTION
Heroism Award Nomination Form

Nominee's Name (First, MI, Last): _____

Position/Rank: _____

Location: --Select--

Award Criteria

Please select the appropriate award and criteria upon which this nomination is based.

☐ **Silver Cross** — The nominee displayed prompt or alert action that resulted in a life being saved **or** the prevention of injury to others **and** he demonstrated exceptional care for other individuals.

☐ **Medal of Honor** — While serving in an official capacity with the IDOC, the nominee displayed exceptional bravery **or** heroism beyond the expectation of normal demand of correctional service **and** he displayed great courage in the face of immediate danger.

☐ **Medal of Valor** — For the nominee's loss of life **or** for sustaining a critical injury (or injuries) in the line of duty.

Supporting Information

Date of the Incident:

Place where the incident occurred: _____

Describe in detail the incident prompting this nomination. Include what action(s) the nominee took that demonstrated great courage and the danger he faced. As necessary, attach additional pages (in Word document format with the nominee's and submitter's name clearly identified).

# of additional pages attached _____

Submitter's Name	Signature	Date
Division Chief's Name	Signature	Date
Director's (or board representative's) Name	Signature	Date

Appendix C
128.00.01.001
(updated 10/17/14)

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