



Idaho Medal of Honor Commission
c/o Office of the Attorney General
P.O. Box 83720
Boise, ID 83720-0010
<http://medalofhonor.idaho.gov>

IDAHO MEDAL OF HONOR
APPLICATION FOR EXTRAORDINARY VALOR
ABOVE AND BEYOND THE CALL OF DUTY

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|-----------------|------------------|------|-------------|
| Nominee's Name: | Commission Date: | Sex: | Birth date: |
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| Nominee's Address: | E-mail address: |
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Nominee's Department:

Nominee's Job Duties:

The Idaho Medal of Honor is awarded to a public safety officer who has exhibited exceptional conduct, extraordinary courage, regardless of his or her own personal safety. This act is deemed to be above and beyond the call of duty.

For the purpose of this award, a public safety officer is defined as a person serving a public agency, with or without compensation, as a firefighter, law enforcement officer, or emergency medical services (EMS) provider. Refer to the Rules and Qualifications for applicable definitions. The Commission will accept posthumous nominations and may award a medal posthumously. Recommending officials should make clear to the Commission that the application seeks a posthumous award and describe whether the public safety officer's death occurred in connection with his or her act of valor.

This nomination is made in the following category:

- The nominee was killed while in the performance of duty.
- The nominee was seriously injured while in the performance of duty.
- The nominee displayed exceptionally meritorious conduct while in the performance of duty.

Make sure you describe the incident in detail and the specific nature of the duty being performed and attach it to the application.

To be considered, the application file must include:

1. A copy of this completed form.
2. An official report or documentation from an appointing authority or submitting agency.
3. Statements by witnesses or individuals having personal knowledge of the facts surrounding the candidate's act of valor and other supporting documentation.
4. Newspaper articles.
5. Letters of recommendation
6. If selected, provide two (2) 8x10 photos of the nominee for framing.
7. Nominations must be received or postmarked **no later than January 31, 2025**, to be considered. The commission will meet on February 11, 2025 at 10:00 a.m. to review the nominees.

Name of appointing authority/submitting agency:

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| Recommending Official's Name: | Title: |
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Address:

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| Telephone Number (including area code): | E-mail address: |
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I certify that the application file has been completed in accordance with the above directions and hereby recommend the above named individual to receive the Idaho Medal of Honor. The "Recommending Official" must sign each application. The Recommending Official is the **current** Chief Executive or director of the appointing or submitting agency. In many cases, the chief executive or director will be a police, fire or emergency medical services chief, director or superintendent. In other cases, the recommending official may be a sheriff, mayor, state agency director or governor. Please adhere to the particular requirements of your jurisdiction. The Commission cannot accept applications submitted by individuals who are not the **current** Chief Executive or Director of the appointing or submitting agency. The signature must be an original.

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| Recommending Official's signature: | Date: |
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Provide a *brief* summary of the incident in a format that the citation should read. (For examples, please see the Medal of Honor website at: <http://medalofhonor.idaho.gov>).

List the names, addresses and telephone numbers of individuals who witnessed the act of valor.

Please remember, it is important that you attach a full and complete description of the incident, newspaper articles, photographs, and witness statements along with a sample citation to assist the commission in their selection criteria. *Your nomination must meet the highest requirement of the Medal of Honor, for outstanding gallantry, remarkable heroic courage and exceptionally meritorious conduct at the risk of life above and beyond the call of duty.*

***THE NOMINATING AGENCY IS REQUESTED TO HAVE A REPRESENTATIVE AVAILABLE IN PERSON OR VIA CONFERENCE CALL WHEN THE COMMISSION MEETS ON FEBRUARY 11, 2025 AT 10:00 A.M. TO REVIEW THE NOMINEES.**

Name of Representative: _____

Phone Number: _____