



# Nebraska Dental Association Young Professional Award Nomination Form

Name of Nominee \_\_\_\_\_  
Name of person submitting nomination \_\_\_\_\_  
Phone/ email \_\_\_\_\_

## A. Organized Dentistry

1. ADA Level \_\_\_\_\_  
(President, Trustee, Council, Delegate, etc)
  2. NDA Level \_\_\_\_\_  
(President, Trustee, Council, Delegate, etc)
  3. District Level \_\_\_\_\_  
(President, Trustee, Council, Delegate, etc)
- Committee Activities or other participation activities in organized dentistry:  
\_\_\_\_\_

## B. Dental Organizations/ Positions Elected to:

\_\_\_\_\_ (Board of Dentistry, FACD, FICD, OKU, ACD/ICD, etc.- Include offices held)

## C. Memberships:

\_\_\_\_\_ (Academies, Associations, Societies, Study Clubs, Alumni groups - Include offices held)

## D. Other Organizations:

\_\_\_\_\_ (Phi Beta Kappa, Service Organizations, etc. -Include offices held)

## E. Contributions toward Dental Education and Research:

\_\_\_\_\_ (Faculty, Clinician, Lecturer, Publications, Editor, Pioneer, Inventor, Founder)

## F. Community Affairs:

\_\_\_\_\_ (Mayor, City Council, Board of Education, Chamber of Commerce, Community Boards)

## G. Other Activities:

\_\_\_\_\_ (Church, Athletics, Scouts, etc)

## H. Comments why this nominee should be considered for the NDA Young Professional Award (use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_