



## NDA Hall of Fame Nomination Form

Name of  
Nominee \_\_\_\_\_

**A. Organized Dentistry**

a. ADA \_\_\_\_\_  
(President, Trustee, Council, etc)

b. NDA \_\_\_\_\_  
(President, Trustee, Council, etc)

c. District Level  
Position \_\_\_\_\_  
(President, Trustee, Council, etc)

**B. Dental Organizations Elected to:**

\_\_\_\_\_  
(FACD, FICD, OKU, ACD/ICD, etc- include offices held)

**C. Memberships:** \_\_\_\_\_  
(Academies, Associations, Societies, Study Clubs- include offices held)

**D. Other  
Organizations** \_\_\_\_\_  
(Phi Beta Kappa, Service Organizations, etc. – include offices held)

**E. Contributions Toward Dental Education & Research**

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

**F. Community  
Affairs** \_\_\_\_\_  
(Mayor, City Council, Bd of Education, Chamber of Commerce, Community Boards)

**G. Other  
Activities** \_\_\_\_\_  
(Church, Athletics, Scouts, etc)

**H. Comments for the Council's Consideration – Please explain why you think this individual meets the criteria for this award. (additional pages may be used for any category)**

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If available, please include the nominee's curriculum vitae or resume with this nomination form.

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**Signature of Person Submitting Nomination**

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**Phone Number**

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**Address**

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**Email address**