



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)

**As an added bonus and to encourage future leadership, the award winner will be sent by the NDA to the ADA New Dentist meeting.*