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, FACP, FACD, OKU, ACD/ACD, 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.