



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, etc.)

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)

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

Signature of Person Submitting Nomination

Phone Number

Address

Email address