

2015 CDA HONOURS AND AWARDS PROGRAM NOMINATION FORM

To nominate an individual for one of the awards listed below, kindly complete this form and return it to the CDA Office along with all requested supporting documents no later than **September 11, 2015.**

AWARD / HONOUR

- Medal of Honour
- □ Honourary Membership Award
- Distinguished Service Award
- □ Award of Merit
- □ Special Friend of Canadian Dentistry Award
- □ Oral Health Promotion Award see Appendix A

NOMINEE						
□ Dr. Name	□ Prof.	□ Mr.	□ Mrs.	□ Ms.		
	First		Middle		Last	
Title / Posit	tion					
Organizatio	on / School					
Address _						
City				Province		
Postal Cod	e			Tel.		
PRINCIPA		R				
□ Dr. Name		□ Mr.		□ Ms.		
	First		Middle		Last	
Title / Posit	tion					
Organizatio	on / School					
Address _						
City				Province		
Postal Cod				Tel.		



SUPPORTING DOCUMENTS

CDA requests that the following supporting documents be included with each submission:

1. CITATION

This statement should be included in the principal nominator's cover letter of endorsement. The citation should outline the nominee's contributions or qualifications for the specific honour or award. Please refer to the criteria provided for the award in question.

2. LETTERS OF ENDORSEMENT

Additional letters of endorsement may also be added to the nomination, citing personal knowledge of the nominee's qualifications for the award. Aspects of the candidate's life and career that qualify him/her for the award may be highlighted.

3. CURRICULUM VITAE

The nominee's current curriculum vitae (including positions held, academic and professional honours) should be included with the submission.

4. ELIGIBILITY

Recipients of the Medal of Honour must be licensed dentist members of a CDA Corporate Member, non licensed (retired) dentists or an affiliate member of CDA. All other awards may be received by a dentist or non-dentist. When the award is presented to a licensed dentist, the recipient must be a member of a CDA Corporate Member or an affiliated member of the CDA.

Please note that all award nomination documents are confidential and will only be used by CDA for the purposes of the award nomination process.

SUBMISSIONS

The completed nomination form along with supporting documentation must be submitted no later than **September 11, 2015** to:

Awards Committee Canadian Dental Association 1815 Alta Vista Drive Ottawa, ON K1G 3Y6

Fax: 613-523-7736 Email: <u>dbierko@cda-adc.ca</u>



APPENDIX A

2015 ORAL HEALTH PROMOTION AWARD

Application Information						
Province						
Tel						

Entry Criteria:

- 1. Any individual or organization who has improved the oral health of Canadians through oral health promotion. This may involve creating public health policy or supportive environments, strengthening community action, developing personal skills, and/or increasing the prevention of oral diseases and disorders.
- 2. Programs or projects that are developed to promote a commercial product or service are not eligible.

Submission Procedures

Entries may be submitted with the signed acknowledgement of a local or provincial dental society, executive or officer, dental school dean or professor, other than the entrant (if applicable).



a) Goals and objectives of the program

b) Dental need filled by the program, including scope of services provided

c) Number of people served by the program, as compared to the size of the target population

d) Level of community and/or volunteer involvement

e) Documented accomplishment of program goals



f) History of, or potential for, continuous program operation

g) Ease of duplication by other individuals/organizations

Name of individual/organization recommending this nomination

Please return the completed application to the attention of:

Awards Committee Canadian Dental Association 1815 Alta Vista Drive Ottawa, ON K1G 3Y6

Fax: 613-523-7736 Email: <u>dbierko@cda-adc.ca</u>

Entries must be received no later than September 11, 2015.