

MDHA Symbol of Excellence Award

Nominee's Name: _____

Nominee's Address: _____

Component: _____

Nominee's Years of Membership: _____

Application completed by:

Name: _____

Address: _____

Telephone Number: _____

Component: _____

Section I – Leadership Experience

If additional space is needed for this section, please make sure the information is properly labeled according to the categories below.

Please do not refer to your nominee or component by name. A member of the Nominee's association should complete this application.

<i>Component Officer/Committee Experience:</i>	
Officer Positions held:	Year(s):
Committee Positions held:	Year(s):

<i>Constituent Officer/Committee Experience:</i>	
Officer Positions held:	Year(s):
Committee Positions held:	Year(s):

Section II – Community Service

On a separate sheet of paper, please discuss community service activities related to dental hygiene in which your nominee has been an active participant. Include the level of involvement and outcome, if applicable.

Do not refer to your nominee or component by name. A member of the Nominee's association should complete this application. If additional space is needed for this section, please make sure the information is properly labeled.

Section III – Association Activities

On a separate sheet of paper, please describe how your nominee has contributed to the advancement of the association other than offices held or committee work. Include detailed descriptions on specific activities including level of involvement, time commitment, and outcomes.

Do not refer to your nominee or component by name. A member of the Nominee's association should complete this application. If additional space is needed for this section, please make sure the information is properly labeled.

Application Checklist

Section I – Leadership Experience	
Section II – Community Service	
Section III – Association Activities	

All application materials must be postmarked by September 15, 2005.

Return completed application to:

MDHA
P.O. Box 5750
Rockville, MD 20855
Attention: Membership Chair

Important Information

The MDHA Administrative Committee will evaluate this application. The application will be evaluated based on the responses in each of the following sections:

- ✓ Section I – Leadership Experience
- ✓ Section II – Community Service Activities
- ✓ Section III – Association Activities

Each section will be reviewed independently to achieve a total composite value for each nominee evaluation. The total composite score from all committee members will determine the recipient. The Symbol of Excellence Award will be presented to the applicant receiving the highest score above the established minimum requirements. An award may not be given if minimum requirements are not met.

Please allow ample time for completing the application and provide detailed information for each section.