

All KDHA members: Please fill out this form so the Special Awards Committee will know if you qualify for an award!!

KANSAS DENTAL HYGIENISTS' ASSOCIATION

Special Awards Form

Name: _____

Address: _____

Zip: _____ **Phone:** _____ **E-mail address:** _____

Number of Years KDHA Member _____

List areas of Qualification: (Please be specific)

1. Component (Officer -- committees)
 - a)
 - b)
 - c)
2. Constituent (Officer -- committees)
 - a)
 - b)
 - c)
3. ADHA Involvement (Officer -- committees)
 - a)
 - b)
 - c)
4. Community Service (Must be personal service, related to dental hygiene and be outside of or a personal continuation of any Component or Alumni program.)
 - a)
 - b)
 - c)

5. Dental Hygiene Alumni Association (Officer -- Councils)

a)

b)

c)

6. Professional Achievement (Outstanding contribution)

H.H.S.

Missionary work

Dental Hygiene Education

Kansas Dental Board Member

CRDTS Member

Other

7. Research and Publications

Scientific

Educational

Literary

Please fill in all areas applicable. Use separate paper if needed.

Return to: Jill Nuzzi, RDH, BHS, 2910 SW Foxcroft 3 Ct, Topeka, KS 66614 jilleerdh@yahoo.com