



2017 Norma J. Wells Community & Global Partnership Building Award Nomination Information

WDHA establishes an award to recognize dental hygienists for their contribution to community and global partnership and relationship building. The WDHA Member Services Committee may select a recipient from qualified nominees and present this award at the WSDHA House of Delegates.

Nominations for the **2017 Norma J. Wells Community & Global Partnership Award** are due in the WDHA Office no later than **August 14, 2017**.

General Facts:

- A candidate must be nominated by a colleague.
- Applications must be received at the WDHA Central Office at least 60 days prior to the WDHA House of Delegates.

To Qualify, The Nominee Must Have:

- Minimum of 5 years professional membership in WDHA.
- Minimum of 5 years as a registered dental hygienist.
- Contributions in initiating, contributing or participating in local, national or international partnership building and/or growing or maintaining relationships in the interest of the profession of dental hygiene.

To Submit a Nomination:

- Verification of current WDHA membership and minimum of 5 years as a WDHA member.
- Verification of length of dental hygiene licensure.
- Curriculum vitae.
- Two letters of recommendation to support nomination from individuals having direct knowledge of nominee's accomplishments, including:
 - a) Describe specific projects, events, programs
 - b) Include names of collaborating individuals, groups or organizations/affiliations whose relationships have been formed or strengthened because of the efforts of the nominee.
 - c) Describe how this relationship had supported the mission of WDHA.

2017 NORMA J. WELLS COMMUNITY & GLOBAL PARTNERSHIP AWARD NOMINATION FORM

Application Deadline: August 14, 2017

Date Submitted: _____

Name of Person Submitting Nomination: _____

Address: _____

Cell #: _____

Email: _____

Name of person being nominated: _____

Address: _____

Cell #: _____

Email: _____

- Current ADHA Member ID #: _____
- Dental Hygiene License State: _____ License # _____
- Curriculum vitae attached: yes no
- Two letters of recommendation to support nomination from individuals having direct knowledge of nominee's accomplishments, including: yes no
 - a) Describe specific projects, events, programs
 - b) Include names of collaborating individuals, groups or organizations/affiliations whose relationships have been formed or strengthened because of the efforts of the nominee.
 - c) Describe how this relationship had supported the mission of WDHA.
- Minimum 5 years Professional Membership in WDHA: yes no
- Minimum 5 years as a Registered Dental Hygienist: yes no
- Contributions in initiating, contributing or participating in local, national or international partnership building and/or growing or maintaining relationships in the interest of the profession of dental hygiene. yes no

For WDHA use only

Date Received: _____	Verification of completed application: _____
Membership Chair review/signature: _____	
Date Reviewed: _____	Notes: _____