

MARTHA FALES AWARD NOMINATION

Application Deadline: **August 14, 2018**

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 attached: yes no
(from individuals having direct knowledge of nominee's accomplishments)
- Minimum 5 years Professional Membership in WDHA: yes no
- Minimum 10 years as a Registered Dental Hygienist: yes no
- Contributions in Furthering Dental Hygiene in Washington State: yes no
(i.e. clinical, education, legislation, public health, research, etc.)
- Please have nominee answer the following questions at length:
 1. Describe and be specific about your accomplishments or projects in which you have been or are currently involved.
 2. Describe how these efforts have or will contribute to the advancement of the profession of Dental Hygienist in Washington State.
(Attach a separate page with the answers to these two questions)

For WDHA use only

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