



2018 PARTNER IN ORAL HEALTH 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: _____

- Two letters of recommendation attached: yes no

(from individuals having direct knowledge of nominee's specific projects, accomplishments, events, programs and activities, along with a timeline of the aforementioned, that highlight the nominee's support, recognition and promotion of the role licensed dental hygienists play in the health of all citizens).

For WDHA use only

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