



2017 Martha Fales Award - Nomination Information

WDHA establishes an annual award of recognition of dental hygiene excellence to be known as **The Martha Fales Award** to recognize an outstanding dental hygienist for his or her contributions in furthering dental hygiene in Washington State. The WDHA Member Services Committee may select a recipient from qualified nominees and present this award and a commemorative plaque at the WDHA House of Delegates.

Nominations for the **2017 Martha Fales Award** are due in the WDHA Office at least 60 days prior to HOD (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 10 years as a registered dental hygienist.
- Contributions in furthering dental hygiene in Washington State (i.e. - clinical, education, leadership, legislation, public health, research, etc.).

To Submit a Nomination:

- Verification of length of WDHA membership.
- 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.

Nominee must 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 hygiene in Washington State.

MARTHA FALES AWARD NOMINATION

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 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

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