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