

NOMINATE THE EXCEPTIONAL!



If you know someone in your component district or in the state who has made outstanding contributions in the following areas, please submit his/her name on this form to the South Dakota Dental Association for the award, which will be presented during the Awards Lunch at Annual Session. The SDDA Executive Committee will make the final determination.

The SDDA Humanitarian

The ultimate award granted for service to dentistry

This award is based on service to the dental profession, community activities, humanitarian service, educational, and academic achievements.

I wish to nominate: _____

He/she qualifies for this award for these reasons: _____

Distinguished Service

The award to recognize service above and beyond what is reasonably expected or anticipated

This award is based on service specific to the South Dakota Dental Association and organized dentistry, such as service on a committee or task force, in an elected office or appointed position, on an issue or activity; may be awarded to a singular action or group involvement.

I wish to nominate: _____

He/she qualifies for this award for these reasons: _____

(over)

Young Dentist of the Year

An award given in cooperation with the International College of Dentists chapter in South Dakota, which provides financial support for the award, to recognize young dentists in South Dakota

Each component district dental society may select, but are not required to select, one outstanding young dentist each year based on criteria established by the SDDA Board of Trustees that the dentist should be:

- Under 40 years of age
- Actively involved professionally: district, state and nationally
- Actively involved in their community

I wish to nominate: _____

He/she qualifies for this award for these reasons: _____

Honorary Membership

A member elected by the House of Delegates on the nomination of the Board of Trustees according to the Bylaws

Honorary Membership is based on outstanding contributions to the advancement of the art and science of dentistry or important service rendered to the profession or to the SDDA.

I wish to nominate: _____

He/she qualifies for this award for these reasons: _____

Return this completed form to
SDDA, PO Box 1194, Pierre, SD 57501
Fax: 605-224-9168