

## NOMINATE THE EXCEPTIONAL!



If you know someone 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 Membership Lunch at Annual Session. The SDDA Executive Committee will make the final determination. *(If more space is needed, attach an additional piece of paper).*

### **The SDDA Humanitarian**

**The most prestigious award granted by the SDDA.**

This award is given in recognition of service to dentistry and community. This award is based on service to the dental profession, community activities, humanitarian service, educational, and academic achievements. Only SDDA members may receive this award and only one member may be recognized each year.

I wish to nominate: \_\_\_\_\_

He/she qualifies for this award for these reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Distinguished Service**

**Given in recognition of service above and beyond what is reasonably expected or anticipated.**

This award is based on outstanding service specific to the South Dakota Dental Association and organized dentistry. Only SDDA members may receive this award.

I wish to nominate: \_\_\_\_\_

He/she qualifies for this award for these reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Award of Commendation**

**Given in recognition of service to the profession of dentistry.**

This award is given based on service to the South Dakota Dental Association, organized dentistry or the profession of dentistry such as service on a committee or task force, in an elected office or appointed position. The recipient may be someone other than an SDDA member.

I wish to nominate: \_\_\_\_\_

He/she qualifies for this award for these reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Young Dentist of the Year**

**An award given in cooperation with the International College of Dentists chapter in South Dakota 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: \_\_\_\_\_

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## **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. Recipients are those who are not members of the SDDA.

I wish to nominate: \_\_\_\_\_

He/she qualifies for this award for these reasons: \_\_\_\_\_

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## **South Dakota Dental Foundation Award**

This award is based on service specific to the South Dakota Dental Foundation to recognize service above and beyond what is reasonably expected or anticipated. For example, service on: a project, program, committee or task force; community activities; humanitarian service; and/or, on an issue or activity. May be awarded for a singular action or group involvement. May be nominated by any member of the South Dakota Dental Foundation. Those eligible include a member of the general public or a member of the South Dakota Dental Foundation.

I wish to nominate: \_\_\_\_\_

He/she/group qualifies for this award for these reasons: \_\_\_\_\_

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Return the completed form(s) to:  
SD Dental Association  
804 N Euclid Ave, Ste 103  
Pierre, SD 57501  
Fax: 605-224-9168  
Email: [brenda.goeden@sddental.org](mailto:brenda.goeden@sddental.org)