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**MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**FRANCES SHOOK AWARD APPLICATION**

**Established in 1993**

Frances Shook was an icon in the history and development of dental hygiene in Michigan. After graduating in the first class of Dental Hygiene at the University of Michigan in 1922, she was instrumental in organizing the first MDHA and ADHA. She served as president of both MDHA and ADHA, along with developing the MDHA “Bulletin” and served as its editor for many years. In 1936, Miss Shook helped to initiate a statewide employment service, in conjunction with the Michigan Dental Society and in 1938 drafted a plan for Junior Membership that eventually became our current ADHA Student Membership Organization. In 1962 she was appointed as one of the first Dental Hygienists to serve on the National Board of Dental Examiners. She retired in 1979 after 57years of full-time practice in private practice/clinical dental hygiene.

Her numerous awards included the U of M Alumni Association’s “Emeritus Award” in 1975, and in 1980 the Nu chapter of the Sigma Phi Alpha at the U of M inducted her into Honorary Membership for her achievements in the field of Dental Hygiene. The U of M’s Dental Hygienists’ Alumnae Association presented Frances with their “Outstanding Alumnae Award” and in 1984 the ADHA presented her with the “Alfred C. Fones Award”.

Frances Shook passed away in October 1991. In 1993, the Frances Shook Award was established in her memory. This prestigious award is granted to dental hygiene professionals that follow in the footsteps of Frances Shook with their dedication and efforts toward the advancement of the profession of dental hygiene.

**The award is granted to one member per year based on qualification and may not be granted every year.**

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**CRITERIA**

This award is presented to a professional who emulates the qualities and attributes of Frances Shook and has contributed significantly to the dental hygiene profession. Eligible candidates must meet the following criteria:

* Nominee must be a current MDHA member in good standing
* Nominee must have worked a minimum of 5 years in clinical/education/public health or any combination of the above.
* The award nominee can be a self-nomination or the nomination can be submitted by another person.
* **Page 4 of the application is only necessary if you are nominating another person. It is NOT required for self-nomination.**
* Nominator Only: Page 4 of the application must include a 200 – 500 word essay, written and submitted by the nominator outlining the reasons for qualification by answering the question:
* ***“How did the nominee contribute to the profession of dental hygiene and help advance the profession?”***

**Completed application must be submitted by July 1st of the current award year to be considered.**

If minimally qualified, the candidate will be notified of his/her nomination *(if applicable)* and asked if:

1. The Nomination is accepted

2. If the nominee can qualify and will provide the criteria required

Upon accepting the nomination, the candidate must provide documentation of the qualifying criteria along with their own personal (200-500 word) statement answering the question:

***“How did you contribute to the profession of dental hygiene and help advance the profession?***

* Qualifying criteria includes, but is not limited to: constituent office/council/task force experience, component officer/committee experience, post-graduate degrees, continuing education exceeding state requirements, Membership or participation with other Allied Health Organizations, legislative or leadership activity, participation in community or social service organizations, awards received.
* **Nominee must submit required documentation of support no later than August 1st of the current application year to be considered for the award. No exceptions to deadlines will be made.**

**SCORING**

A scoring committee will be formed consisting of the following (5) people:

* Membership Award Chair
* Membership Council Chair
* One Trustee
* One current MDHA officer
* One past MDHA officer

Evaluations will be completed using the following criteria:

1. **(10 points)**Personal statement validating: “How did you contribute to the profession of dental hygiene and help advance the profession?”
   1. Supportive content **(3 points)**
   2. Personal reflection **(3 points)**
   3. Organization **(2 points)**
   4. Grammar **(2 points)**
2. **(1-3 points)** Membership verification (1-5 years = 1 point) (6-10 years =2 points) (11-15 years = 3 points)
3. **(2 points)** Professional organization experience (other than offices held)
4. **(2 points)** National Officer/Committee experience
5. **(2 points)** Constituent Officer/Council/Task Force experience
6. **(2 points)** Component officer/Committee experience
7. **(2 points)** Advanced Education
8. **(2 points)** Continuing Education
9. **(2 points)** Awards – honors received in the Dental Hygiene profession for social, political, educational or community service.
10. **(3 points)** Participation in Community or Social Service Organizations
11. **(3 points)** Political Involvement/Legislative Activity

**Total possible points:** **32 points**

**Applications will be evaluated by the members of the Frances Shook Award Committee. All decisions of the committee are final. This award will only be given to qualifying candidates and may not be given on an annual basis.**

**AWARD:**

**The winner will receive:**

• A commemorative plaque

• One year’s complimentary membership in ADHA – MDHA

• Recognition during Opening Ceremonies at the MDHA Annual Session

**DEADLINE:** Nomination submissions for the Frances Shook Award must be received by **July 1st of the current award year**

**DEADLINE:** For Nominee verification of information is: **August 1st of the current year**

**DIRECTIONS: Type directly into the spaces on the application form. Then save the document to your computer. Attach the document to an email and send to: Dana Kleckler**

**Membership Award Chair:** DzanottiRDH@yahoo.com

Qualified nominations/applications received after the deadline will be considered for the following year.

** MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**FRANCES SHOOK AWARD APPLICATION**

**Established in 1993**

**NOMINATOR FORM:**

Name of Nominator: Click here to enter text.

Email address or contact information of nominator:Click here to enter text.

Name of Nominee***:*** Click here to enter text.

Email address or contact information of nominee*:* Click here to enter text.

* The application must include a 200 – 500 word essay, written and submitted by the nominator outlining the reasons for qualification by answering the question:
* ***How did the nominee contribute to the profession of dental hygiene and help advance the profession?***

Nomination submission for the Frances Shook Award must be received by **July 1st of the current award year**

**DIRECTIONS: Type directly into the spaces on the application form. Then save the document to your computer. Attach the document to an email and send to: Brittney Barnett, bbarnettmdha@gmail.com**

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**MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**FRANCES SHOOK AWARD NOMINEE APPLICATION**

Name of *Nominee:* Click here to enter text.

ADHA Member#: Click here to enter text. Credentials: Click here to enter text.

Address:Click here to enter text. City/State/Zip: Click here to enter text.

Home phone: Click here to enter text. Cell phone: Click here to enter text.

Email address: Click here to enter text. Component: Click here to enter text.

Years of Membership: Click here to enter text.

Name of ***Nominator (if applicable):*** Click here to enter text.

Email address or contact information of ***nominator:*** Click here to enter text.

I certify that the information contained in this packet is true to the best of my knowledge, and that, if given this award **I will be available for its formal presentation at the MDHA Annual Session.**

Electronic Signature: Click here to enter text. Date: Click here to enter text.

Please return completed and signed application to: Dana Kleckler DzanottiRDH@yahoo.com

You may attach any additional documentation you feel is needed to support your application. Your signature confirms that the information provided is accurate. **The Committee reserves the right to verify information.**

All applications must be received by **August 1**, of the current year and will be reviewed by the Frances Shook Award Committee. This award may not be given on an annual basis. Applications received after the deadline will be considered for next year.

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For office use only:

☐Current membership verification

☐Completed and signed application

☐Date of nomination submission

☐Date of completed application submission

Date Received: Click here to enter text.



Upon accepting the nomination, please provide documentation of the qualifying criteria along with your own personal (200-500 word) statement answering the question:

***“How did you contribute to the profession of dental hygiene and help advance the profession?***

**Completed application and qualifying criteria must be submitted by the required due date.**

Qualifying criteria includes, but is not limited to:

* National Officer/Committee Experience
* Constituent officer/council/task force experience
* Component officer/committee experience
* Post-graduate degrees
* Continuing education exceeding state requirements
* Membership or participation with other Allied Health Organizations
* Legislative or leadership activity
* Participation in community or social service organizations, awards received.

**MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**FRANCES SHOOK AWARD APPLICATION**

**NATIONAL OFFICER/COMMITTEE EXPERIENCE:**

***Include ADHA Delegate/District Trustee Experience***

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held:Click here to enter text. Dates: Click here to enter text.

**CONSTITUENT OFFICER/COUNCIL/TASK FORCE EXPERIENCE:**

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held:Click here to enter text. Dates: Click here to enter text.

Task Force Positions held: Click here to enter text. Dates: Click here to enter text.

Task Force Positions held: Click here to enter text. Dates: Click here to enter text.

**COMPONENT OFFICER/COMMITTEE EXPERIENCE:**

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Officer Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held: Click here to enter text. Dates: Click here to enter text.

Committee/Council Positions held:Click here to enter text. Dates: Click here to enter text.

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**MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**FRANCES SHOOK AWARD APPLICATION**

**EDUCATION:** (Post High School)

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL** | **DATE GRADUATED** | **CERT/DEGREE** | **MAJOR** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**CONTINUING EDUCATION:** Average hours per year for the last 3 years = List the ten most significant Continuing Education Courses attended beginning with the most recent. College and/or University courses should be included.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TITLE** | **DATE** | **CREDITS** | **SPEAKER/SPONSOR** |
| **1** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **3** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **4** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **5** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **6** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **7** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **8** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **9** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **10** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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**AWARDS:**

Indicate awards of honors received in the dental hygiene profession for social, political, educational, and/or community services.

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| --- | --- | --- |
| **DATE** | **NATURE OF AWARD** | **ORGANIZATION RECEIVED** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**MEMBERSHIP OR PARTICIPATION WITH OTHER ALLIED HEALTH ORGANIZATIONS**

|  |  |  |
| --- | --- | --- |
| **NAME OF ORGANIZATION** | **POSITION HELD** | **DATES** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**LEGISLATIVE OR LEADERSHIP ACTIVITY**

|  |  |  |
| --- | --- | --- |
| **NAME OF ORGANIZATION** | **NATURE OF PARTICIPATION** | **DATES** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**PARTICIPATION IN COMMUNITY OR SOCIAL SERVICE ORGANIZATIONS**

|  |  |  |
| --- | --- | --- |
| **NAME OF ORGANIZATION** | **NATURE OF PARTICIPATION** | **DATES** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |