

**Michigan Dental Hygienists’ Association**

**Outstanding Dental Hygienist of the Year Award Criteria**

The intent of this award is to recognize a Dental Hygienist from each component for their extra contributions towards that component.

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Criteria

* Candidate must be a current member of the component.
* Must submit a completed application
* Must submit a brief paragraph of detailing why the person is being nominated for outstanding dental hygienist.
* Application must be submitted to MDHA Membership Award Chair by the due date.

Award

* Each recipient will be recognized at the MDHA Recognition Luncheon held during the House of Delegates.

Deadline

* Nominations and paragraph must be received by **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 Chair** DzanottiRDH@yahoo.com



**Michigan Dental Hygienists’ Association**

**Outstanding Dental Hygienist of the Year Award Application**

Your Name: Click here to enter text.

Contact phone number: Click here to enter text. email: Click here to enter text.

Component: Click here to enter text.

Name of Nominee: Click here to enter text.

Component: Click here to enter text.

Credentials: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Zip: Click here to enter text.

Home/Cell Phone: Click here to enter text.

Nominee email address: Click here to enter text.

Please provide a brief summary why the above listed has been nominated for this award.