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**Nominee Name** **Date**

**Proposers**

The nomination requires two proposers, who may only propose one nominee.

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|  | Name of Proposer | Member Number |
| **1** |  |  |
| 2 |  |  |

**Nomination Criteria**

The nominee should have made a significant national contribution to furthering dentistry and/or the profession in any or all of the following:

1. a particular field of dentistry or;
2. dentistry as a whole or;
3. the community as a whole.

This nomination does not guarantee that the nominee will receive an award so it is advised that the nominee not be informed about the nomination.

**Reason for Nomination**

In 200 words or less, please state below why you believe the nominee is worthy of an ADA Award.

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**How to Submit**

Please **attach a copy of the nominee’s CV** and submit your nomination using one of the methods below. Please attention to, or use the subject line - *ADA Awards Nomination*.

Mail: CEO Australian Dental Association, PO Box 520, St Leonards NSW 2065

Email: [ceo@ada.org.au](mailto:ceo@ada.org.au)

# For all awards other than the Outstanding Young Dentist Award