



Awards Criteria and Guidelines

The New York State Dental Association's Distinguished Service Award

The New York State Dental Association's *Distinguished Service Award* is presented to an individual in recognition of numerous years of meritorious service and commitment to the Association. The criteria to be considered in determining eligibility for the *Distinguished Service Award* include:

- contributions to the New York State Dental Association;
- contributions to organized dentistry as a whole;
- the offices and positions held; and/or
- the tenure of the individual's service

Nomination Procedure: Annually, notice shall be published in an official publication of the New York State Dental Association in the month of September requesting nominations for the *Distinguished Service Award*. The notice shall include the eligibility criteria as well as the guidelines and instructions for submitting a nomination. The nomination form for the *Distinguished Service Award* shall be available from the New York State Dental Association's Headquarters Office or from the Association's website (www.nysdental.org). The completed form must include pertinent information substantiating why the individual being nominated should be considered.

The deadline for submitting applications shall be December 5 after notice has been published. The Council on Awards shall meet to consider all eligible nominees and make its recommendations and report to the Board of Trustees before the first meeting of the Board of Trustees in the year following the December 5 deadline for submission of nominations. Should the Board determine that an eligible nominee is to receive the award in accordance with Chapter V, Section 100 of the *Bylaws*, the *Distinguished Service Award* shall be presented at the Annual Session of the New York State Dental Association.

Nominations of members serving on the Council on Awards must be deferred until completion of their service on the Council.



**2018 Distinguished Service Award
Nomination Form
(Deadline for Submission – December 5, 2017)**

Name of Nominee: _____

Submitted by: _____

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- contributions to the New York State Dental Association;
- contributions to organized dentistry as a whole;
- the offices and positions held; and/or
- the tenure of the individual’s service.

Please specify how the nominee has contributed to the New York State Dental Association, or organized dentistry as a whole:

Please fill in circle if continued on attached pages.

Please list any other reasons you believe the nominee is deserving of this award.

Please fill in circle if continued on attached pages.

Please attach *curriculum vitae* or other appropriate documents detailing the background and general information regarding the nominee. Include the offices and/or positions held in organized dentistry. Remit to:

**New York State Dental Association
20 Corporate Woods Blvd., Ste. 602
Albany, New York 12211
ATTN: Dr. Chad P. Gehani, Council on Awards Chair**