



OUTSTANDING DENTIST OF THE YEAR APPLICATION

The GEORGIA DENTAL HYGIENISTS' ASSOCIATION offers this award to a Georgia dentist who has shown exemplary respect and support of the dental hygiene community

Criteria: nominations must come from a GDHA hygienist and the nominee must be a licensed Georgia dentist.

Nominee's Name _____

Nominee's Address _____

Nominator's Name _____

ADHA # _____

Nominator's Address _____

Contact # _____

Email Address _____

Relationship to the Nominee _____

Please explain, in 200 words or less, why you are nominating this individual for this award. Please include humanitarian efforts, hobbies, personal/professional awards/accolades and how this individual has shown support for the profession of dental hygiene.

Return completed nomination to the GDHA Awards Chair, Barbara Harrison at:

bhdh72@bellsouth.net