



# CDABC Awards Nomination Form

**Awards** (indicate which award; one nomination per form)

Certified Dental Assistant Recognition	<input type="checkbox"/>	Distinguished Service	<input type="checkbox"/>
*Outstanding Dedication to a Local CDA Society	<input type="checkbox"/>	Certificate of Merit	<input type="checkbox"/>

\*Society Name \_\_\_\_\_

**Nominator Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ CDABC Member: Yes No

(a) Notify me by email if nominee wins: Yes No (b) Nominee can know my identity: Yes No

(c) I have read the general and specific award criteria at [www.cdabc.org](http://www.cdabc.org) > About Us > Awards

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nominee Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ CDABC Member: Yes No

Address: \_\_\_\_\_

*Please provide detailed examples of specific reasons this individual meets the criteria for the award. Additional pages can be attached. Refer to specific award criteria at [www.cdabc.org](http://www.cdabc.org).*

1. List of Accomplishments \_\_\_\_\_

\_\_\_\_\_

2. Demonstration of leadership and professionalism \_\_\_\_\_

\_\_\_\_\_

3. Unique Qualities \_\_\_\_\_

\_\_\_\_\_

4. Years of Service \_\_\_\_\_

**Nomination Forms must be received at the CDABC office by 4:00 pm PT December 15.**  
Fax 604.714.1767 or Mail to 504 - 602 West Hastings Street, Vancouver V6B 1P2

**Office Use Only (10/10):**  
Date Rec'd \_\_\_\_\_ Nom. Member Type \_\_\_\_\_  
Awarded: Yes No Inform Nominator: Yes No  
President Call \_\_\_\_\_ Letter Sent \_\_\_\_\_