

## **CDABC Student Awards Nomination Form**

Awards: (indicate which award; one nomination	on per form)
Student Award of Excellence	
Student Membership Grant	
School Name:	
Nominator Information:	
Name	Phone
Email	CDABC Member: Yes No
(a) Notify me by email if nominee wins: Yes N	No (b) Nominee can know my identity: Yes No
(c) I have read the general and specific award	l criteria at www.cdabc.org > About Us > Awards □
Signature	Date
Student Nominee Information	
Name	Phone
Email	CDABC Student Member: Yes No
Address:	Date of ceremony

This award is presented to a student at each of the accredited certified dental assisting programs in BC who demonstrates a high level of professionalism, ethics, and spirit of cooperation. The recipient is selected by school faculty.

- The recipient must be a CDABC student member
- The faculty will select the recipient
- An award will be made available to each of the accredited certified dental assisting programs in BC
- Only one award per calendar year is available to each of the accredited programs.
- Notification of the award will be sent by the Executive Director to the certified dental assisting programs each fall.
- The award will consist of a framed certificate and complimentary CDABC Active membership for one year

\*The dental assisting programs will notify the CDABC of their selection a minimum of 30 days in advance of the presentation ceremony to allow for CDABC arranging a Board member or staff person to attend to present the award on behalf of the Board of Directors. For more information please refer to the CDABC website: <u>www.cdabc.org</u> > Membership > Awards

Office	Use	Only:
		<u> </u>

Date Rec'd	CDABC Member
Awarded: Yes No	Inform Nominator: Yes No
President Call	Letter Sent

SUBMISSIONS: Nomination Forms must be received at the CDABC office 30 days in advance of presentation ceremony. Scan/email to info@cdabc.org Fax 604.305.0424 Mail: 102 – 211 Columbia Street. Vancouver V6A 2R5