Oral Health Champions: Collaboration, Imagination & Transformation

Nomination Form

All nominations must be submitted by:

Monday, April 9, 2018 at 5 pm

Submit the completed form to Christy Dodd at
executivedirector@oralhealthcolorado.org
OR
Submit via mail to: 2519 11th Ave. | Unit A PMB 200 | Greeley, CO 80631

General Information/Instructions:
1) Please nominate an individual in only one category. Please note that awards in each category may not be given every year. Awards are designed to recognize contributions that far exceed that of the normal course of duty for work done in 2017.

2) No endorsement letters may be attached to nomination.

3) In the space provided, please address the following:

    a. What contributions has this person/organization made to improving oral health in Colorado, at the local, regional or state level?
    b. What makes the nominee’s contributions outstanding and far exceed the normal course of duty?
    c. Please describe future contributions to oral health in Colorado you believe the nominee may achieve.
    d. Please share any additional relevant information about the nominee.
    e. Provide an executive summary of the nomination. In the event the nominee is selected, this summary will be used as the introduction at the awards ceremony.

Award winners will be honored at the
Oral Health Champions Awards Luncheon
on Friday April 27, 2018 in Denver, Colorado
Please place a check next to the correct category for nomination.

Nomination for:

_____ **Organization Oral Health Champion**
An organization that is distinguished from others in excellence in promoting oral health awareness in Colorado

_____ **Outstanding Dental Hygienist Award**
A dental hygienist that is distinguished from others in excellence, who goes beyond the call of duty and is committed to improving the oral health of Coloradans

_____ **Outstanding Dentist Award**
A dentist that is distinguished from others in excellence, who goes beyond the call of duty and is committed to improving the oral health of Coloradans

_____ **Oral Health Champion**
A community leader or volunteer that is distinguished from others in excellence, who goes beyond the call of duty and is committed to improving the oral health of Coloradans

_____ **Legislative Oral Health Champion**
An outstanding policy maker that is distinguished from others in excellence, who shows support for the oral health of all Coloradans

_____ **Lifetime Achievement Award**
An outstanding individual who demonstrates a positive difference in an organization/community - someone who saw a problem and got involved to find a solution

_____ **Fluoride Oral Health Champion**
An outstanding individual or community who demonstrates a positive difference in working towards community water fluoridation in Colorado

Nominee’s Name: ____________________________________________

Address: _____________________________________________

City: _______________ State: _______ ZIP: __________

Contact Number: __________________________________________

Email: __________________________________________________

Submitted By: ____________________________________________

Phone Number: __________________________________________

Email: __________________________________________________

If your Nominee is chosen, may we let them know you nominated them? ___ Yes ___ No