



MDHA AWARD NOMINATION FORM

***Please write legibly or type your reasons, Thank you*

MDHA ORAL HEALTH CHAMPION

This award will be presented to a person or association that has worked to **promote oral health of Missouri's citizens**. Nominations come from MEMBERS ONLY. However, the award recipient does not have to be to a member. Example, but not limited to: school nurse, dentist, dental hygienist, and coalition

MDHA FRIEND OF DENTAL HYGIENE

This award will be presented to a person or association that has worked to **promote, advance or preserve the profession of dental hygiene**. Nominations come from MEMBERS ONLY. However, the award recipient does not have to be to a member. Example, but not limited to: Legislator, coalition, educator, public health professional, dentist, and dental hygienist

Nominator:

Address:

Email:

Phone:

ADHA Member Number:

Nominee:

Address:

Email:

Phone:

Circle One:

MDHA ORAL HEALTH CHAMPION AWARD OR **MDHA FRIEND OF DENTAL HYGIENE AWARD**

Please describe your reasons for nominating this individual, association, coalition, etc. for this award. You may use additional pages, if required. ***Please write legibly or type our reasons, Thank you*

*The MPRG Council **MUST** receive nominations by July 1 each year.*