



College of Alberta Dental Assistants

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Award of Excellence Nomination Form

Criteria

The Award of Excellence recognizes regulated members in good standing who demonstrate excellence through an outstanding contribution or service in any or all of the following:

- excellence in delivery of care
- advancement of the profession
- leader/mentor/preceptor within the profession
- community involvement that has a positive impact on the oral health of Albertans

Process

- Nominator must be a regulated member.
- Nomination must be supported by at least 3 other individuals, 1 of whom must also be a regulated member.
- Nominator must complete this form in full and attach a detailed response describing how the nominee demonstrated excellence through an outstanding contribution or service in any/all of the categories listed in the Criteria section above, including how it impacted the College/profession. Attach nominee professional information (education, employment history, etc. to assist with presentation). Attach additional comments/information (optional).
- Each nomination supporter must provide a separate letter of support.
- Submit nomination to the College office; nominations must be received on or before May 1.
- It is the nominator's responsibility to ensure that the complete nomination is received by the deadline. The nominator may contact the College to confirm that items sent separately have been received.
- Only complete nominations will be submitted to a selection panel for adjudication.
- Nominator will be notified of the selection panel's decision.
- Successful nominees will be invited to the College's awards function.

Nominee

First Name	Last Name	RDA #
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Nominator

First Name	Last Name	RDA #
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Supporter 1 (if a current member of the College it is not necessary to provide contact information)

First Name	Last Name	RDA #	Letter of Support <input type="checkbox"/> attached <input type="checkbox"/> sent separately
Address	City/Province/Country		Postal Code
Phone	E-mail		

Supporter 2 (if a current member of the College it is not necessary to provide contact information)

First Name	Last Name	RDA #	Letter of Support <input type="checkbox"/> attached <input type="checkbox"/> sent separately
Address	City/Province/Country		Postal Code
Phone	E-mail		

Supporter 3 (if a current member of the College it is not necessary to provide contact information)

First Name	Last Name	RDA #	Letter of Support <input type="checkbox"/> attached <input type="checkbox"/> sent separately
Address	City/Province/Country		Postal Code
Phone	E-mail		