



College of Alberta Dental Assistants

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Horizon Award Nomination Form

Criteria

The Horizon Award recognizes regulated members in good standing who are recent (within 3 years preceding the nomination deadline) graduates and offer promise to the future of the profession by demonstrating either or both of the following:

- excellence in delivery of care
- 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 in delivery of care and/or community involvement that has a positive impact on the oral health of Albertans 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		