



**ORAL HEALTH KANSAS**  
ADVOCACY • PUBLIC AWARENESS • EDUCATION

## 2020 Annual Excellence in Oral Health Awards:

# Ron Alexander Outstanding Dental Champion Award Nomination Form

The Dental Champions Advisory Board announces an award open only to graduates of the Dental Champions Leadership Program. This award is designed to recognize the outstanding work a Dental Champion has done as a direct result of participating in the Dental Champions Leadership Program.

All nominations must be submitted by:

**September 11 at 5 pm**

### General Information/Instructions:

- 1) Please check which Dental Champions class did the nominee participated in:
  - Class I (2005-2006)
  - Class II (2006-2007)
  - Class III (2007-2008)
  - Class IV (2009-2010)
  - Class V (2011-2012)
  - Class VI (2013-2014)
  - Class VII (2015-2016)
  - Class VIII (2016-2017)
  - Class IX (2019-2020)
  
- 2) Please reply to each question separately.
  - a. How has the nominee exercised leadership through his or her contributions to improving oral health in Kansas? Activities at the local, regional or state level may be considered.
  - b. How did the nominee's Dental Champions Leadership Program experience directly lead to the work he or she has done to improve oral health in Kansas?
  - c. Please share any additional relevant information about the nominee.
  - d. 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.

**This year's winners will be asked to record a 2-3 minute video accepting the award. The video will be shown during the virtual conference.**

**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