



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

# 2023 Annual Excellence in Oral Health Awards

## Nomination Form

All nominations must be submitted by:  
**Monday, September 11 at 5 pm**

### 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.

Please place a check next to the correct category for nomination.

\_\_\_\_\_ **Outstanding Organization Award**

An organization that is distinguished from others in excellence in promoting oral health awareness in Kansas

\_\_\_\_\_ **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 Kansans

\_\_\_\_\_ **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 Kansans

\_\_\_\_\_ **Outstanding Community Leader Award**

A community leader that is distinguished from others in excellence, who goes beyond the call of duty and is committed to improving the oral health of Kansans

\_\_\_\_\_ **Bob Bethell Outstanding Policy Maker Award**

An outstanding policy maker that is distinguished from others in excellence, who shows support for the oral health of all Kansans

\_\_\_\_\_ **Outstanding Oral Health Volunteer Award**

An outstanding non-dental volunteer who demonstrates a positive difference in an organization - someone who saw a problem and got involved to find a solution

**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

- 2) No endorsement letters may be attached to nomination.
- 3) Please address the following. You may add to this form or attach a separate form.
  - a. What contributions has this person/organization made to improving oral health in Kansas, 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 Kansas 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.