**ASTDD OUTSTANDING ACHIEVEMENT AWARD**

1. The nominee must have been a **Member of ASTDD (state/territorial dental director)** in good standing for at least 5 years who has made a significant contribution to ASTDD programs, initiatives, or the field of dental public health. Examples include:
* Serving on ASTDD’s board
* Chairing an ASTDD committee
* Serving on an ASTDD committee
* Making a significant contribution to an ASTDD project
* Demonstrating sustained and exemplary accomplishments in the field of dental public health
1. The nomination must be made by present or past ASTDD Members (state/territorial dental directors).
2. The nomination must be submitted to the awards committee at least 30 days before ASTDD’s annual awards ceremony.
3. Typically, one award recipient is selected each year; however, the awards committee may consider special circumstances and select more than one recipient or no recipients in a given year.

**Nomination Form: Outstanding Achievement**

**Nominator’s name and credentials:**

**Is nominator a (select one):**

Current ASTDD Member

Yes [ ]

No [ ]

Former ASTDD Member

Yes [ ]  When?

No [ ]

Current ASTDD Associate Member

Yes [ ]

No [ ]

Former ASTDD Associate Member

Yes [ ]  When?

No [ ]

**Nominee’s name and credentials:**

**Is nominee a (select one):**

Current ASTDD Member

Yes [ ]

No [ ]

Former ASTDD Member

Yes [ ]  When?

No [ ]

Current ASTDD Associate Member

Yes [ ]

No [ ]

Former ASTDD Associate Member

Yes [ ]  When?

No [ ]

None of the above [ ]

**Contributions (Please check and describe all that apply)**

Served on ASTDD board:

Yes [ ]  Please describe when and in what capacity:

Chaired an ASTDD committee:

Yes [ ]  Please describe when and for what committee:

Served on an ASTDD committee:

Yes [ ]  Please describe when and for what committee:

Made a significant contribution to an ASTDD project:

Yes [ ]  Please describe:

Demonstrated sustained and exemplary accomplishments in the field of dental public health:

Yes [ ]  Please describe:

Has had a distinguished career at the local, state, or national level in dental public health practice, government, academia, business, or industry:

Yes [ ]  Please describe:

**Please submit to Julia Wacloff at** **julia.wacloff@azdhs.gov** **by no later than March 1, 2024**