

## Nomination Guidelines

Please take time to carefully consider individuals who you feel are worthy of these awards. Enclosed is a nomination form which you may use to nominate a candidate for an award. Your nomination form, letter of recommendation, and the nominee's CV must be returned by February 1, 2019 to the SCDA office at the address indicated below. Nominator must be an SCDA member.

Upon review of the forms, the Board of Governors will make the final selections.

## Awards Presentation & Recognition

These awards will be presented during the 2019 Annual Convention at the Embassy Suites in Myrtle Beach, SC. The name of each recipient will be attached to a permanent wall plaque for each category or award at the SCDA office.

SOUTH CAROLINA DENTAL ASSOCIATION  
120 Stonemark Lane  
Columbia, South Carolina 29210

# 2019 Awards Program



**SOUTH CAROLINA  
DENTAL ASSOCIATION**

# Nomination Form



## Awards Program

### GEORGE P. HOFFMANN, JR., DISTINGUISHED DENTIST AWARD

This award is the premier and most prestigious award presented by the South Carolina Dental Association. It is to honor a member or former member for years of outstanding service to the SCDA, the dental profession, and the community. Nominees must have practiced dentistry in South Carolina for a minimum of ten years.

### MERITORIOUS ACHIEVEMENT AWARD

The nominee must be a member in good standing of the SCDA who has demonstrated in recent years significant achievement in dentistry in the areas of professionalism, leadership, academics, research, or health care delivery.

### JAMES B. EDWARDS CITIZENSHIP AWARD

The nominee must be a member in good standing of the SCDA who has served the citizens of South Carolina in a manner that reflects a positive image of dentistry. Areas of achievement include humanitarian and religious activities, civic affairs, community service, or cultural contributions.

### NEW DENTIST AWARD

The nominee must be a member in good standing of the SCDA who has been in practice ten years or less or who is under forty years of age. The nominee must have demonstrated leadership qualities through service to dentistry.

### DENTAL TEAM MEMBER AWARD

The nominee must be an assistant, hygienist, a front desk staff person, or a laboratory technician who is a dental team member in a private office. The nominee must be from an office of a South Carolina Dental Association member and the nomination must be made by a South Carolina Dental Association member. The criteria for evaluation include:

- The nominee demonstrates that he/she holds the profession of dentistry in the highest regard.
- The nominee has five or more years of experience in the dental field.
- The nominee promotes the interest and betterment of the profession through the team concept of dentistry.
- The nominee participates in community activities that bring credit to the dental profession.
- The nominee demonstrates enthusiasm for his/her work and creates innovative ideas about patient relations and managerial modifications that improve the delivery of patient care.

### SPECIAL RECOGNITION AWARD

The nominee may be any individual who deserves recognition for special achievement or an extraordinary deed related or unrelated to dentistry. This award provides for special circumstances that do not conform to the other awards.



## 2019 Awards Nomination Form

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*Category of Award*

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*Name of Nominee*

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*Nominee Address*

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*Nominee Email Address*

**Please attach your typed letter of recommendation and the nominee's CV.**

**Awards may or may not be granted at discretion of the Board. A sitting Board member may not be nominated.**

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*SCDA Member Nominating Signature*

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*Name (Print)*

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*Date*

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*Telephone(s)*

*Do you wish to remain anonymous?*  Yes  No