

**GEORGIA DENTAL AWARD OF MERIT
DENTAL HEALTH SECTION AWARD
NOMINATION FORM**

Description of the Award: The Georgia Dental Public Health Award of Merit was initiated in 1989. The Award is presented to an individual or organization by the Oral Health Section, Georgia Public Health and the Medical Dental Section, Georgia Public Health Association for outstanding services and contributions to the Georgia Dental Public Health Program nationally, regionally, statewide, and/or locally.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____

Nomination Requirements: The individual or organization must have made contributions to the Georgia Dental Public Health Program nationally, regionally, statewide, and/or locally.

Criteria For Selection:

1. INNOVATION: How did the nominee do something that was new or unique?
2. IMPACT: What did the nominee do to improve the quality of Public Health services?
3. TIMELINESS: How did the nominee's activities address a current Public Health problem?
4. VISIBILITY: How did the nominee increase the community's awareness of Public Health?
5. INITIATIVE: How did the nominee demonstrate initiative or persistence in his/her activities?

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: JANUARY 10, 2013

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