**ASTDD DISTINGUISHED SERVICE AWARD**

(1) The nominee may be an individual or an organization that has made a significant contribution to ASTDD programs, initiatives, or the broader 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
* Having sustained and exemplary accomplishments in the field of dental public health
* Having a distinguished career at the local, state, or national level in dental public health practice, government, academia, business, or industry

1. The nomination must be made by a present or past ASTDD Member or Associate Member.
2. The nomination must be submitted to the awards committee at least 30 days before ASTDD’s annual awards ceremony.

(4) 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: Distinguished Service**

**Nominator’s name and credentials:** ASTDD

**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**](mailto:julia.wacloff@azdhs.gov) **by no later than March 1, 2024**