

# 2022 LDA Distinguished Service Award

## 2022 LDA New Dentist Award

### OFFICIAL CALL FOR NOMINATIONS

Please photocopy, legibly complete, and forward this form together with any supporting documents or exhibits to the LDA, 5637 Bankers Avenue, Baton Rouge, LA 70808. **All forms must be postmarked by November 1, 2021.** Please use additional pages if necessary. Please write clearly. If you have questions, contact the LDA office at (800) 388-6642, Dr. Mark Chaney, Chairman of the DSA Committee, at (504) 861-2523, or Dr. Brent Benoit, Chairman of the Council on the New Dentist, at (985) 853-1142.

NOMINATION FOR: (check one)     NEW DENTIST AWARD     DISTINGUISHED SERVICE AWARD (DSA)

Nominee's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Children's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ ADA# \_\_\_\_\_

Nominee has been a member of the ADA/LDA for \_\_\_\_\_ years. Nominee's local component \_\_\_\_\_

Does the nominee prefer communication via email or phone? \_\_\_\_\_ Phone # \_\_\_\_\_

General description of nominee's dental practice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's service to the LDA and ADA (i.e. service projects, committees). Briefly describe the nature of the service, its value to the association and the year, chronologically beginning with the most recent.

\_\_\_\_\_  
\_\_\_\_\_

Nominee's service to the dental profession in general. Describe service to the profession other than ADA/LDA activities and the year(s). Include other dental organizations, projects (chronologically.)

\_\_\_\_\_  
\_\_\_\_\_

Community Service. Describe activities in the community and the year(s) of service such as volunteer work at community dental clinic, school and church activities (chronologically.)

\_\_\_\_\_  
\_\_\_\_\_

Other information you deem significant about the nominee. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*On a separate page, please compose a two-paragraph statement of why you feel this person deserves this award from the LDA and organized dentistry. Please attach your letter to this form for submission. Please state your relationship to this person or why you are the person recommending the nominee for this award.*