

## EDAA AWARDS NOMINATION

Return completed form to Fax 780-987-2022 or email [edaa@interbaun.com](mailto:edaa@interbaun.com)

### NATIONAL DENTAL ASSISTANTS WEEK CERTIFICATE

**CRITERIA:** An E.D.A.A. member in good standing who has been nominated as having qualities which make them outstanding dental assistants in their work environment and who have exhibited outstanding dedication and service in the performance of their employment duties.

**NOMINATIONS:** Will be called for by the President Elect in the November and January newsletters. Deadline for written nominations will be February 28 of the same year. A written outline of how the nominee meets the criteria for this award is to be sent to the EDAA.

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NAME OF THE NOMINEE \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_ PHONE \_\_\_\_\_

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Please include the following information about the person that you are nominating:

1. Number of years of EDAA membership \_\_\_\_\_ Current EDAA member # \_\_\_\_\_
2. Describe in detail how the nominee meets the criteria required for this award. (You may send an additional page if more room is required)