***Candidate Nomination Form***

***Deadline for 2018 Nominations: July 6, 2018***

*Please indicate nomination role:* *[x]*

[ ]  Second Vice-President

[ ]  Trustee

[ ]  Minneapolis District

[ ]  Southern District

Name:

ADA Number:

Date of Birth:

Address:

City/State/Zip:

Telephone:

Email:

*Please provide a summary of the candidate’s qualifications in the following categories, as appropriate:*

Identify leadership qualities/traits:

Describe leadership initiatives the candidate has demonstrated:

Describe role model traits the candidate has shown, as well as examples of mentor activities:

Provide examples of contributions that have helped organized dentistry to achieve its goals:

How has the candidate made an impact on the practice of dentistry in the community?

Indicate offices held, committee appointments, programs implemented and honors received:

Please list civic and community activities in which the candidate has been involved (*if applicable*):

Submitted by:

Name:       Title:

District:       Date:

*Please date this form and type the name of the District President or Trustee prior to submitting it to the MDA. A curriculum vitae and other information may accompany this form.*

Please mail nomination materials to the Minnesota Dental Association,

1335 Industrial Blvd, Ste 200, Minneapolis, MN 55413, fax to (612) 767-8500, or email:

hod@mndental.org. Thank you.