Minnesota Dental Association

1335 Industrial Boulevard, Suite 200, Minneapolis, Minnesota 55413 (612) 767-8400 FAX: (612) 767-8500  
Email: [hod@mndental.org](mailto:hod@mndental.org)

***Candidate Nomination Form***

Deadline for 2019 nominations: July 12, 2019

***Second Vice President***

***Treasurer***

***Trustee***

***Northwestern***  ***Saint Paul***  ***Southeastern***

Name:

ADA Number:

Date of Birth:

Address:

City/State/Zip:

District:

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 obtain the signature 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. #200, Minneapolis, MN 55413, fax to 612-767-8500, or email:

[hod@mndental.org](mailto:hod@mndental.org). Thank you.