



Celebrating our first 100 years

2010

ADHA/Hu-Friedy

Master Clinician Award

Application

American Dental Hygienists' Association
444 North Michigan Avenue, Suite 3400
Chicago, Illinois 60611-3980
312/440-8904
www.adha.org

ADHA/Hu-Friedy Master Clinician Award Application

GUIDELINES

Award recipient will be notified in February 2010 after judges review has been completed. Presentation to the award recipient will be made at ADHA's 2010 Center for Lifelong Learning at the 87th Annual Session in Las Vegas, NV June 24 - 26, 2010.

DESCRIPTION

This award is presented to a clinical dental hygienist who demonstrates outstanding clinical expertise in relating to interdependence of clinical practice and patient education for the improvement of patient compliance.

AWARD

The award recipient will receive an engraved award, recognition in an ADHA publication, complimentary registration for the 2010 Annual Session in Las Vegas, Nevada, recognition at Annual Session, 2 days per diem at Annual Session, air travel to Annual Session, 2 nights lodging at Annual Session, and a \$5,000 cash award.

JUDGING

The Awards Committee selects one winner per year for this prestigious award. Judges' decisions will be final.

ELIGIBILITY

Entries will be judged on the following criteria:

- Nominee **must have a minimum of ten (10) years of clinical experience** as a clinical dental hygienist
- Nominee must be a registered dental hygienist and a member of ADHA
- Nominee must be employed as a dental hygienist in a clinical setting
- The nominee must demonstrate quality of care within his/her practice at the patient side
- Clinical Management
- Outstanding clinical knowledge, skills and professional competence
- Active commitment to patient compliance

- Contribution to advancing clinical outcomes through improved patient compliance
- Dissemination of clinical knowledge and expertise through presentations, workshops, participation in research and/or programs that provide access to care
- Identified through peer recognition as dedicated, compassionate and highly effective clinician
- Identified as a role model for patients and other peers
- Self nomination process
- Employees of Hu-Friedy Mfg. Co., Inc. and their family members are not eligible to apply for this award

SUBMISSION OF ENTRY

All materials submitted for consideration of the ADHA/Hu-Friedy Master Clinician Award must be typed, double spaced (applications not typed will be disqualified).

Applications must be received at ADHA Central Office by **Monday, February 1, 2010.**

All applications should be mailed to:

American Dental Hygienists' Association
ADHA/Hu-Friedy Master Clinician Award
444 N. Michigan Avenue, Suite 3400
Chicago, IL 60611
Telephone: 312/440-8904
Fax: 312/440-6724

Entries which do not fulfill the above requirements will be ineligible.

ADHA/Hu-Friedy Master Clinician Award

Entry Form

Deadline for entries **MUST be received** at ADHA's Central Office **no later than Monday, February 1, 2010.**

PLEASE TYPE OR PRINT

General Information

NAME (WITH CREDENTIALS)			
PERMANENT MAILING ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE	DAY	EVENING	ADHA MEMBER ID NUMBER

Practice(s) Name and Address

PRACTICE NAME			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE	DAY	FAX	EMAIL ADDRESS (OPTIONAL)

PRACTICE NAME			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE	DAY	FAX	EMAIL ADDRESS (OPTIONAL)

Degree(s) Received/Institutions

DEGREE RECEIVED	INSTITUTION	DATE RECEIVED

ADHA/Hu-Friedy Master Clinician Award

Entry Form

Deadline for entries **MUST be received** at ADHA's Central Office **no later than Monday, February 1, 2010.**

PLEASE TYPE OR PRINT

Length of time practicing clinically? _____ years

This application is being submitted in the following category (please check only one):

Patient Management Patient Education Patient Care Services

Technology Other _____

Clinical Information

Brief description of Professional Area of Excellence

The below signature certifies that as a dental hygienist, I adhere to 1. Principles of ethics of ADHA; 2. Accepted practice of dental hygiene, including infection control, patient confidentiality, and the practice act of my state. In addition, I certify that all included information is true to the best of my knowledge, and that I will abide by all rules of this competition.

Signature: _____ Date: _____

ADHA/Hu-Friedy Master Clinician Award

PLEASE READ ALL INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING
APPLICATION
ALL APPLICATIONS MUST BE TYPED

Written Application

Describe “How You Made a Difference in the Life of a Patient”
(Who, What, When, Where & Why)

In **200 words or less**, describe:

- **Whose** life did you make a difference in? (special needs patient, children; DO NOT use specific names)
- **Who** may have helped you provide a better or unique service?
- **Who** was helped that would not have been without your intervention?

You may use this space to complete your application

ADHA/Hu-Friedy Master Clinician Award

Consent Form

We would like to make available for distribution and/or printing in a future *Access* article, the names of the components, their programs, and contact information (contact name and phone number) if applicable, for the recipient of the 2010 ADHA/Hu-Friedy Master Clinician Award”.

If you consent to having the name and contact information of your component and programs, appear in a future issue of *Access*, you **MUST** check the box below, complete the sections below, and **RETURN** this form with your completed entry forms.

We hereby give the American Dental Hygienists’ Association the absolute right and permission to publish, in a future issue of *Access*, our component and program name, along with contact information for our submission of the 2010 ADHA/Hu-Friedy Master Clinician Award application.

Contact name for publication <i>(include credentials)</i>
Contact phone for publication <i>(specify whether day or evening)</i>

Signature of person who is submitting the application.

Signature: _____

Date: _____

Please categorize your submission:

- Patient Management Patient Education Patient Care Services
- Technology Other _____

Unless we receive the consent form with the application, we will assume you do not want to be included in a published summary of the 2010 ADHA/Hu-Friedy Master Clinician Award.