

# **American College of Prosthodontists Nominating Committee Nomination and Selection Procedures for Awards of Distinction**

## **ACP PRIVATE PRACTICE PROSTHODONTIST AWARDS**

(Approved ACP Board of Directors April 24, 2013)

### Purpose

The Award may be given annually to up to 5 individual private practice prosthodontists (one per ACP Region) who have made outstanding contributions to the advancement of the specialty of prosthodontics, (advancing) prosthodontic practice, (or) the public's understanding of the role that the prosthodontist in private practice plays in advancing the (patient's) quality of life; as well as exemplifying collegiality and cross discipline outreach, and/or exemplary community service. The award is a lifetime award and an individual may receive it only once.

### Criteria and requirements

- ACP prosthodontist members who are currently in primarily full time traditional private practice (solo or group), excluding institutional and multisite corporate practices.
- Members from the 5 US ACP Regions, excluding military and international ACP Regions.
- Must not have received this award previously.

### Nominations Process

- Individuals may be nominated by others; a nomination form will be available online at the ACP website. See Attachment A.
- The completed nomination form must be submitted directly to the appropriate Regional Membership Director.
- Every nomination must be accompanied by 3 letters of recommendation from the nominating region including one prosthodontist ACP member peer, one referring dentist, and one community/dental organization/leader, lab technician or patient.

### Selection

- Each US ACP Regional Membership Director will convene a call of the Section Presidents to review and select the nominees.
- Once selected, each Regional Director will submit their award candidate(s) to the ACP Nominating Committee for approval.
- The Nominating Committee will submit the slate of awardees to the ACP Board of Directors for confirmation in June.

### Presentation

- Annual Awards and President's Dinner during Annual Session.

- Brief remarks as appropriate for the individual.

Award

- Plaque funded by the ACP

Caveat

The intention of ACP's Private Practice Prosthodontist award is to honor a person, not a practice. Thus, future reference to this award in promotional material, PR campaigns, press releases, in traditional and social media, on the website, in ads, biosketches, and other instances must align to this intent. Misrepresentation of what this award signifies risks revocation of this award by the ACP.

Submit to the appropriate 2018 Regional Membership Director:

<b>Region</b>	<b>Name</b>	<b>Email</b>
Region 1 Northeast	Dr. Steven Morgano	smm519@sdm.rutgers.edu
Region 2 Eastern	Dr. Paivi Samant	psamantdds@gmail.com
Region 3 Central	Dr. John Ball	jdbvadds@aol.com
Region 4 Rockies/Plains	Dr. Todd Pickle	btp@pickledental.com
Region 5 Pacific	Dr. Robert Stover	rstoverdds@yahoo.com

Deadline: March 30, 2018

**Date:**

The name of the following individual is submitted to the ACP Regional Membership Director for consideration for the ACP Private Practice Prosthodontist Award.

**Nominee Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Submitted By**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendations**

*Please list three recommendations and submit their letters for the nominee with this form.*

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_