Nomination deadline: 12/1/2017

Profile for Nomination
Anyone who has exhibited the following characteristics is eligible to be nominated for this award:
1. Has been a dedicated nationally recognized educator of general dentists.
2. Has served as a role model ethically and professionally to general dentists.
3. Has exemplified the principles and goals of the Academy of General Dentistry and has made exceptional efforts in promoting these ideals.
4. The nominee may not be a sitting member of the Dental Education Council
5. Individuals who hold a position on the Board of Trustees are not eligible for nomination

Mechanism for Nomination of Candidate
1. Prior to a selected date, all AGD members will be invited to submit a nomination for the individual whom they wish to sponsor as the most deserving recipient of “The Thaddeus V. Weclew Award.”
2. Nominations must be received in the AGD national office by December 1, 2017 (approximately 18 months prior to the Convocation for which the nomination is made.).
3. In order to consider the qualifications fairly please include a copy of the nominee's CV.

Guidelines for Screening Nominees
1. It shall be the duty of the entire Dental Education Council to act as the Screening Committee for all nominees.
2. The headquarters office will forward copies of each nomination form and sponsor's reinforcing testimony to every member of the Screening Committee as soon as possible after the deadline.
3. Each committee member will independently evaluate and select the individual nominee felt to be most deserving.
4. The Council will finalize the selection by the end of the winter meeting of the Dental Education Council.
5. Individuals who hold a position on the Board of Trustees are not eligible for nomination
6. Only one Thaddeus V. Weclew Award may be granted annually, but in those circumstances where nominees possess outstanding qualities and are of special caliber, two Dr. Thaddeus V. Weclew Awards may be awarded.
7. In the event that the nominees do not meet the above criteria, the Dental Education Council has the option to forgo recommending a Weclew recipient to the Board of Trustees.
8. The final selection(s) of the Dental Education Council will be presented to the AGD Board of Trustees for approval.

Recipient’s Obligations
1. The recipient must be present at the Convocation Ceremony to receive the award in person.
2. Should a recipient be unable to attend the Convocation, the recipient will be invited to the next year’s meeting. If unable to attend the second year, the nomination must be reconsidered by the Dental Education Council.
3. The recipient will be expected to give a brief verbal acknowledgment of the award at the Convocation Ceremony.

Application for Nomination deadline: 12/1/2017
Note to Nominator: Please complete the general form below. Attach additional sheets as necessary.

Keep in mind that upon nomination of the Dental Education Council, and approval by the Board of Directors, the Dr. Thaddeus V. Weclew Award may be conferred upon an individual who has made outstanding contributions to the art and science of dentistry or who has enhanced the principles and ideals of the Academy of General Dentistry and/or both.

Name of Nominator: ____________________________________________________________

Contact Address: ______________________________________________________________

Telephone: __________________________________________________________________

Constituent Academy: __________________________________________________________

I/We feel that the following individual is deserving of consideration for the high distinction of “The Thaddeus V. Weclew Award” of the Academy of General Dentistry:

Name of Nominee: _____________________________________________________________

Office Address: ___________________________________________________________________

Present Occupation: __________________________________________________________

Graduate of: ___________________________________________________________________

Year: _______________________________________________________________________

Degrees:_______________________________________________________________________

The above individual is being nominated for Dr. Thaddeus V. Weclew Award for the 2019 Convocation, location and date to be determined.

Signature of Nominator: __________________________ Date: ________________________
When answering the questions below, be brief and to the point.
Do not forget to include a copy of the nominee’s CV with the application.

1. Describe the nominee’s contributions as a nationally-known educator of general dentists.

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_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

2. Describe how the nominee embodies the spirit of comprehensive care dentistry.

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_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3. Describe the nominee’s activities which exemplify his/her commitment to the profession of dentistry.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

4. Describe how the nominee has served as a role model ethically and professionally.

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_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

5. Describe how the nominee exemplifies the principles and goals of the AGD, and his/her efforts in promoting these ideals.

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6. Additional reasons why this nominee should be selected as a recipient of the Dr. T. V. Weclew Award.

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_________________________________________________________________________________________

Please return this nomination form by December 1, 2017 to:
Academy of General Dentistry Dental Education Department
560 West Lake St. Sixth Floor
Chicago Illinois 60661
E-mail: education@agd.org
Questions, please call: 1.888.2436.3368, ext. 4356