



# Minnesota Academy for Comprehensive Dentistry

## Nomination Form

Candidates for membership in the MACD must undergo the process described in the by-laws for membership. Any member can nominate a candidate by completing the **Nomination Form**, and having the **Biographical Profile** for the candidate completed. The forms are available at our website. These “electronic files” can then be e-mailed to the Secretary or can be printed and the completed hard copies can be submitted to the Secretary. Either have the candidate complete the Biographical Profile or complete it for them. Be as complete as possible when filling out the form to avoid delays.

## Nomination

I nominate \_\_\_\_\_ for membership in the Minnesota Academy for Comprehensive Dentistry on the basis of their high ethical standards, outstanding clinical skill in dentistry, demonstrated leadership in dentistry and the community, outstanding contributions to dentistry, and a commitment to excellence in dentistry.

In nominating this person, I believe he/she consistently upholds the highest standards of ethics and clinical skill, is committed to the ideals of the MACD.

Nominator: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please include on the following page why you feel this candidate should be considered for membership in the MACD. You should identify their characteristics that distinguish them from our other colleagues. This might include but not be limited to leadership abilities, contributions to the dental profession and their community and how they might support and enhance the mission of the MACD.

