

**To: All Dental Program Personnel**

**From: Field Advisory Committee of the National Oral Health Council (NOHC) ELC**

**Subject: Dental Assistant of the Year Award as chosen by IHS Dentists  
Junior and Senior Category**

### **Background**

In a continued effort to encourage and recognize excellent performance by dental program personnel, the Field Advisory Committee of the NOHC ELC announces the annual HIS award honoring the dental assistants of the year in the Junior and Senior categories as chosen by IHS dentists. This annual award recognizes individuals who excel at dental assisting, regardless of years of experience. It is, therefore, appropriate that the dental program establish a process to recognize the efforts of their dental assistants. The awards described below are intended to meet that need and are to be awarded yearly.

### **Eligibility guidelines**

Any dental assistant can be nominated by a dentist employed within the IHS dental program. Participation is encouraged from direct, tribal, and urban programs in the IHS. **For the senior category, the nominee must have been a dental assistant for at least 6 years and employed by the IHS for at least 5 years. For the junior category, the nominee must have been a dental assistant for at least 3 years and employed by the HIS for at least 2 years.**

Recent previous winners are not eligible for this award.

### **Nomination procedure**

A dentist interested in nominating an assistant should submit a typewritten narrative statement that addresses all criteria. A complete description of the assistant's contributions will address each of the evaluation criteria. There is no nomination form. A simple narrative, with a brief paragraph addressing each criterion, will suffice, along with the assistants email. Nominations must then be signed by the supervisor. Guidelines for nominations are attached for your convenience.

**Nominations must be received no later than close of business April 11, 2014**

Submissions after this date will not be accepted.

## IHS DENTAL PROGRAM

### AWARD FOR DENTAL ASSISTANT OF THE YEAR

#### SENIOR CATEGORY

Senior category dental assistants contribute to the improvement of the health of the Native American through patient and community education. They provide a high degree of professional competence in dental assisting skills in a manner which is sensitive to the cultural, traditional, and personal needs of the patient. They have developed leadership skills that are an integral part to the effectiveness and productivity of the dental clinic.

#### 1. Improvement

- List courses attended within the past 24 months including staff supported training.
- List progress toward or achievement of certification.
- List new skills or duties nominee has taken on using their own initiative.

#### 2. Courtesy

- Describe interactions nominee has with patients to demonstrate sensitivity to culture, tradition, spirituality and age.
- Describe interactions nominee has with co-workers that support team achievement.
- Describe interactions nominee has with other departments and facilities to accomplish the HIS/Tribal mission.

#### 3. Productivity

- Describe the nominees workload
- Describe the nominees punctuality

#### 4. Duties

- List assigned clinic responsibilities

#### 5. Above and beyond

- List job elements that nominee performs beyond assigned duties and work hours.

#### 6. Leadership Qualities

- List extra events, functions, or projects of nominee in dental clinic; specify involvement as a leader, helper, etc.

#### 7. IHS/Tribal participation

- List programs or committees in which nominee participates

#### 8. Community Involvement

- List outside activities and organizations nominee is involved with, such as volunteering, awards received, recognition, etc.

IHS Dental Program

AWARD FOR DENTAL ASSISTANT OF THE YEAR

**SENIOR CATEGORY**

Dental Assistant Nominated:

Email of Dental Assistant:

Current Position:

Current Assignment Location:

Entry on duty date:

Certified Dental Assistant if applicable:

Endorsements (both are required)

**Nominator:** certify, to the best of my knowledge, that the attached narrative or outline accurately describes this assistant's accomplishments and abilities.

\_\_\_\_\_

(Name and Title)

\_\_\_\_\_

(Signature and Date)

**Supervisor:** believe this dental assistant exhibits those attributes the award was designed to foster.

\_\_\_\_\_

(Name and Title)

\_\_\_\_\_

(Signature and Date)

**Nominations must be received no later than close of business April 11, 2014**

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## IHS DENTAL PROGRAM

### AWARD FOR DENTAL ASSISTANT OF THE YEAR

#### **JUNIOR CATEGORY**

Junior category dental assistants contribute to the improvement of the health of the Native American through patient and community education. They provide a high degree of professional competence in dental assisting skills in a manner which is sensitive to the cultural, traditional, and personal needs of the patient.

#### 1. Improvement

- List courses attended within the past 24 months including staff supported training.
- List progress toward or achievement of certification.
- List new skills or duties nominee has taken on using their own initiative.

#### 2. Courtesy

- Describe interactions nominee has with patients to demonstrate sensitivity to culture, tradition, spirituality and age.
- Describe interactions nominee has with co-workers that support team achievement.
- Describe interactions nominee has with other departments and facilities to accomplish the IHS/Tribal mission.

#### 3. Productivity

- Describe the nominees workload
- Describe the nominees punctuality

#### 4. Duties

- List assigned clinic responsibilities

#### 5. Above and beyond

- List job elements that nominee performs beyond assigned duties and work hours.

IHS Dental Program  
AWARD FOR DENTAL ASSISTANT OF THE YEAR  
**JUNIOR CATEGORY**

Dental Assistant Nominated:

Email of Dental Assistant:

Current Position:

Current Assignment Location:

Entry on duty date:

Certified Dental Assistant if applicable:

Endorsements (both are required)

**Nominator** certify, to the best of my knowledge, that the attached narrative or outline accurately describes this assistant's accomplishments and abilities.

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature and Date)

**Supervisor** believe this dental assistant exhibits those attributes the award was designed to foster.

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature and Date)

**Nominations must be received no later than close of business April 11, 2014**

Submissions after this date will not be accepted.

## **Guidelines for Nominations**

### **Hints for successful submissions**

Be sure to address each criterion in the submission. It is likely a nominee with solid scores in all categories will score higher overall than someone who excels in most categories but lacks documentation in a few categories.

- Emphasize real examples to illustrate the characteristics or achievements you're describing. Emphasize impact to the program.
- Be concise. Be detailed but brief. Two pages maximum.
- Avoid flowery phrases or lavish praise unaccompanied by real example of achievements or commitments.
- The evaluation process rewards sustained performance. Emphasize experience and sustained excellence over years of service.

**Nominations should be emailed to:** [marilyn.weeden@ihs.gov](mailto:marilyn.weeden@ihs.gov)

### **Nominations can also be mailed to:**

Dr. Marilyn Weeden  
1515 Lawrie Tatum Road  
Lawton, OK 73507

**Nominations must be received no later than close of business April 11, 2014**

Submissions after this date will not be accepted.