



U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

Dental Professional Advisory Committee

Dental Mentor of the Year Dental Category Award Submission Checklist

The award is presented to outstanding mentors as evidenced by their significant contributions towards enhancing the professional growth and career development of civil service, tribal hire, or Commissioned Corps dental officers. Nominees must have:

1. Served as a mentor within the past 3 years.
2. Been nominated by a current or former protege or supervisor or colleague with direct knowledge of the nominee's mentoring efforts.
3. Substantiated a sustained commitment to advancing a protege's professional growth and career through dispensing their time, experience, counsel, feedback, and other appropriate resources.
4. Been recognized with exceptional ratings on annual performance evaluations and with awards presented by the USPHS, agency, and/or regional or national public health and dental organizations.
5. Substantiated dedication to the principles of the USPHS through consistent and active participation and leadership in DePAC working groups, USPHS-affiliated organizations, organized dentistry, and/or community involvement/outreach efforts.

If applicable, I certify that I have been Basic Ready for the entire award duration period, or for the entire five years before nomination (whichever is shorter).

If applicable, I certify that I will remain Basic Ready until the award is presented or I may forfeit my selection.

I have enclosed a copy of my Curriculum Vitae (USPHS-required format, if applicable).

I have been employed as a dentist in federal agencies served by the USPHS for at least 4 years. I have achieved the rank of O-4 in the Commissioned Corps or GS-12 in the civil service or tribal hire equivalency.

My narrative does not exceed two pages in length. The narrative describes my actions, the results of those actions, and the impact of those actions (e.g. created school sealant program and provided \$7,500 in preventive treatment to 120 children reducing missed school days).

Officer's Name

Officer's Signature

I certify that the individual above has not had any adverse or disciplinary actions within the last five years.

Supervisor's Name

Supervisor's Signature
