



U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

Dental Professional Advisory Committee

Vernon J. Forney Dental Category Award Submission Checklist

The award is presented to an outstanding supervising civil service or tribal hire dentist who has made exceptional professional contributions in the provision of oral health services or program management. Nominees must have been continuously employed as a dentist in federal agencies served by the USPHS for at least 5 years before the nomination deadline. Only those actions performed while employed as a civil service or tribal hire dentist in federal agencies served by the USPHS are considered. Nominees must have:

1. Made a significant impact through oral health education, public health, research, or clinical contributions.
2. Made contributions to, or exceptionally managed programs or efforts of significant impact that advance oral health care.
3. Supervised other dentists and dental support team members for at least 3 years.
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. Demonstrated career progression and shown potential by accepting workplace leadership roles of increasing responsibility that contribute to the agency's mission.
6. Undertaken significant professional development courses or fields of study.

I have enclosed a copy of my Curriculum Vitae.

I graduated dental school more than 10 years before the nomination deadline.

I have been employed as a dentist in federal agencies served by the USPHS for at least 5 years before the nomination deadline.

I have formally supervised other dental officers and dental support team members for at least 3 years before the nomination deadline.

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
