



## U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

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Dental Professional Advisory Committee

### **Ruth Lashley Dental Category Award Submission Checklist**

The award is presented to an outstanding Commissioned Corps dental officer who has made exceptional professional contributions in the provision of oral health services or program management. 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. 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.**
- 4. Demonstrated career progression and potential by accepting workplace leadership roles of increasing responsibility that contribute to the agency's mission.**
- 5. Undertaken significant professional development courses or fields of study.**
- 6. 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.**

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).

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 in the USPHS-required format.

I received my call to active duty at least five years before the nomination deadline.

I graduated dental school fewer than 15 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).

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Officer's Name

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Officer's Signature

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

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Supervisor's Name

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Supervisor's Signature

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