Alumni and friends of the University of Kentucky College of Dentistry are invited to nominate alumni as candidates for consideration to receive the Distinguished Alumnus Award. For more information, call Sue McConnell at (859) 323-6676.

Nominations are carefully considered by a special committee selected by the UK College of Dentistry Alumni Association. This award will not automatically be given every year. Please consider the following criteria when nominating someone. Candidates must: 1. Have demonstrated a loyalty to the College; 2. Have shown excellence in the profession of dentistry; 3. Be recognized by peers for having reached and remained at the pinnacle of their field of dentistry; and 4. Have shown evidence of merit of work in their field of dentistry and Community leadership.

To nominate a candidate, submit the nomination form and a letter (no more than three pages) that includes information about the candidate’s achievements, the impact of those accomplishments, and why you believe he or she should be considered. Nominators need not be alumni of the UK College of Dentistry.

Nomination packets must include:

1. Nomination Form  
2. Nomination Letter  
3. Curriculum Vita *(if possible)*

Name of Nominee ____________________________________________________________________________
Graduating Class ____________________________________________________________________________
Current Professional Activity of Nominee ____________________________________________________________________________
Private Practice ____________________________________________________________________________
Specialty ____________________________________________________________________________
Teaching ____________________________________________________________________________
   (Name of school & position title)
Federal or state service ____________________________________________________________________________
   (Name of organization & rank)
EDUCATIONAL BACKGROUND (Name/location of school) (Degree/Certificate) (Major/Specialty)
Dental ____________________________________________________________________________
Graduate ____________________________________________________________________________
Residency ____________________________________________________________________________
Nominator’s Name ____________________________________________________________________________
Telephone ____________________________________________________________________________  □ Office  □ Home
Email ____________________________________________________________________________

Incomplete nomination packets will **not** be considered. Please forward completed nomination packets by **June 20, 2018** via:

- Email: smmcco2@uky.edu
- Mail: University of Kentucky College of Dentistry  
  Office of Alumni Affairs  
  800 Rose Street, MN310  
  Lexington, KY 40536-0297

The award will be presented at the Alumni Reception during the 2018 Fall Symposium and Alumni Weekend on Friday, October 19, 2018, at Kroger Field, Lexington.