



CAOMS AWARD NOMINATION FORM

Distinguished Service Award

The purpose of this award is to recognize CAOMS members who have made a major and significant current, past, or long-standing contribution of benefit to the specialty of oral and maxillofacial surgery and / or the Association through clinical, academic, research, public service or Association related activities.

Honorary Membership

The purpose of this award is to recognize any individual who has made substantial and distinguished contribution to the advancement of the specialty of Oral and Maxillofacial Surgery, who has rendered valuable service to the Association, and such other deserving persons as may be determined by the Executive Council. Such individuals may be named as an Honorary Member of the Association by the Executive Council.

Process

1. Nominations may be made by any CAOMS member.
2. Nominations for Honorary Membership must be signed by five (5) Voting Members.
3. Nominations shall be in writing using this Nomination Form (one form for each nominee).
4. Nominations shall be reviewed by the Nomination and Awards Committee which then makes recommendations to the Executive Council at its mid-winter meeting as to the suitability of granting these awards. This committee is chaired by the Immediate Past-President of the CAOMS.
5. The names of the award recipients shall be publicized by the Executive Council prior to the Annual General Meeting and the awards shall be presented at that Annual General Meeting. The award shall consist of a certificate, plaque, pin, statue and/or such other suitable remembrance.

Distinguished Service Award

Honorary Membership

Name of Nominee: _____

Nominated by: _____

NAME(S)

SIGNATURE(S)

1. _____

2. _____

3. _____

4. _____

5. _____

Reason for Nomination (attach additional page if required):

Please forward completed Nomination Form to the CAOMS Secretariat:

E-mail: caoms@caoms.com; Fax: (613) 721-3581

Mail: #100 – 32 Colonnade Road, Ottawa, ON K2E 7J6