Help AAOMS recognize the special people in our specialty

You admire their achievements. You count on their leadership. You emulate their professionalism.

Now it's time to give that oral and maxillofacial surgery colleague, practitioner, educator, resident or researcher your nomination!

The AAOMS sponsors awards, fellowships and lectures that honor the very best talent, leadership and service in our specialty.

The guidelines and eligibility for these honors have been updated and organized by the Awards Nominating Committee and are here for your easy review and consideration.

This committee only reviews nominations that have been submitted by fellows/members and does not make nominations on its own. However, in the event no nominations or an insufficient number of nominees (in the award categories that require multiple nominees) are received by the deadline (January 31 annually) for award nominations, the ACAN will be notified and the individual committee members will have the option to present nominees with appropriate documentation to review at the committee’s annual meeting. It makes recommendations on all awards and lectures with the Board of Trustees making final decisions.

Forms may be duplicated. Also, please feel free to add pages if sufficient space is not provided. You may either mail or fax your nomination. Be sure to include a curriculum vitae of your candidate as well as a succinct statement with your reasons for nominating the individual.

Make your nominations now. The annual deadline is January 31.

Submit your nomination form to:

AAOMS
Awards Nominating Committee
9700 West Bryn Mawr Avenue
Rosemont, Illinois 60018-5701

E-mail: clee@aaoms.org
FAX to: 847/678-4302
William J. Gies Foundation Award in Oral and Maxillofacial Surgery

**Purpose:** Encourage educators in the specialty and recognize them through an annual award.

**Criteria:** Distinguished achievement in the field of oral and maxillofacial surgery.

**Eligibility:** A past or present fellow/member of the AAOMS. Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.

**Selection:** Any fellow/member or substructure* of the AAOMS may make nominations. Nominations in writing accompanied by a current curriculum vitae with bibliography and proper supporting documentation shall be submitted to the Awards Nominating Committee by January 31 annually.

The Awards Nominating Committee shall determine three nominees for the award for submission to the Board of Trustees, in order of preference.

The Board of Trustees may verify the recommendations of the Awards Nominating Committee and may change the order of preference. If the Board of Trustees rejects a nominee, a new one must be obtained from the Awards Nominating Committee.

The second and third nominees on the slate shall automatically be included on the list of nominations considered by the committee for three succeeding years. If these individuals do not receive the award within this time period, they shall be dropped from the list of automatic nominees.

**Award:** A plaque, $200 and a certificate provided by the William J. Gies Foundation.

**When given:** Each year at the AAOMS annual meeting.

**Compensation:** Waiver of the annual meeting registration fee at which the award is presented.

* *Substructure:* Committees, Board of Trustees or Senior Management Team
Nomination Form
William J. Gies Foundation Award

1. Name of Educator (First, Middle, Last): ________________________________

2. Institution Address (Institution, Street, City, State, Country, Phone No.):

3. Name of Nominator (First, Middle, Last): ______________________________

4. Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):

5. List your nominee's professional credentials: ______________________________

6. How has your nominee distinguished himself as an educator? __________________

7. What are your nominee's achievements? ________________________________

8. Include a current curriculum vitae with bibliography.
The Robert V. Walker Distinguished Service Award

**Purpose:** Recognize AAOMS fellows and members for important long standing contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research or public serve activities. (October 15)

**Criteria:** Made significant long standing contributions to the specialty. Only a single individual may be named in any one year and this should be done only when deemed appropriate. (October 15)

**Eligibility:** Individuals who meet the criteria. Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.

**Selection:** Any fellow/member or substructure of the AAOMS may make nominations. Nominations in writing and accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually.

The Awards Nominating Committee may select a nominee for submission to the board, with the nominee’s supporting documentation. Election shall be by secret ballot and require eight affirmative votes of the Board of Trustees.

**Award:** A glass plaque suitably engraved.

**When given:** At the annual meeting following selection.

**Compensation:** The recipient shall be provided travel in accordance with policy, hotel accommodations for up to two nights, and shall be provided two complimentary tickets to the President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented.
Nomination Form
The Robert V. Walker Distinguished Service Award

1. Name of Nominee (First, Middle, Last): ____________________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):

3. Name of Nominator (First, Middle, Last): ________________________________________

4. Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):

5. List your nominee's professional credentials. ______________________________________

6. Describe and enumerate your nominee's major and current contributions to the specialty and present succinctly why your nominee is recommended for this award.

7. Include a current curriculum vitae with bibliography.
### Presidential Achievement Award in Oral and Maxillofacial Surgery

**Purpose:** Recognize AAOMS fellows and members for important contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities. (October 15)

**Criteria:** Made significant contributions to the specialty. Up to two (2) individuals may be named annually.

**Eligibility:** Individuals who meet the criteria.

The Presidential Achievement Award is not meant to again recognize those individuals who have previously been recognized as a meeting dedicatee or have received the Robert V. Walker Distinguished Service Award or the William J. Gies Foundation Award in Oral and Maxillofacial Surgery.

Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.

**Selection:** Nominations for the Presidential Achievement Award may be made by the current President of AAOMS and approved by the Board of Trustees. Nominations in writing along with proper documentation shall be submitted the Board of Trustees by January 31 annually (October 15)

The President may select up to two (2) nominees for submission to the Board of Trustees, with the nominees’ supporting documentation. Election shall be by secret ballot and require eight affirmative votes of the Board of Trustees. (October 15)

**Award:** A plaque.

**When given:** At the annual meeting following selection.

**Compensation:** Waiver of the annual meeting registration fee at which the award is presented.
Nomination Form
Presidential Achievement in OMS

1. **Name of Nominee (First, Middle, Last):** ____________________________________________

2. **Business/Institution Address (Street, City, State, Country, Phone No.):**

   ____________________________________________

3. **Name of Nominator (First, Middle, Last):** _______________________________________

   ____________________________________________

4. **Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):**

   ____________________________________________

5. **List your nominee’s professional credentials.** _______________________________________

   ____________________________________________

6. **Describe and enumerate your nominee’s significant long standing contributions to the specialty and present succinctly why your nominee is recommended for this award.**

   ____________________________________________

7. **Include a current curriculum vitae with bibliography.**
**Dedication of the Annual Meeting**

**Purpose:** This premier award of the AAOMS was established to recognize an individual, a group of individuals or an organization who has made life-long contributions to the specialty.

**Criteria:** Must have made outstanding, pioneering and sustained contributions that impact on the advancement of the specialty of oral and maxillofacial surgery at the national or international level. Only a single dedicatee, a group of individuals or an organization may be named in any one year and this should be done only when deemed appropriate.

**Eligibility:** Any individual, a group of individuals or an organization who meet the criteria. Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.

**Selection:** Any fellow/member or substructure of the AAOMS may make nominations. Nominations in writing accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually.

The Awards Nominating Committee may select one nominee, a group of individuals or an organization for submission to the Board of Trustees. Election by the Board of Trustees will be by secret ballot and require eight affirmative votes of the Board of Trustees.

**Award:** An engraved plaque of recognition

**When given:** The award is presented only when deemed appropriate to a single dedicatee of a group of individuals or the designated representative of an organization and at the annual meeting in whose honor it is dedicated.

**Compensation:** The recipient, as determined by the Board of Trustees, shall be provided travel in accordance with policy, hotel accommodations for up to two nights, and shall be provided two complimentary tickets to the President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented. If an organization is selected, a single representative shall be reimbursed.
Nomination Form

Dedication of the Annual Meeting

1. Name of Nominee (First, Middle, Last): ___________________________________________
2. Business/Institution Address (Street, City, State, Country, Phone No.):
   ___________________________________________
3. Name of Nominator (First, Middle, Last): _________________________________________
4. Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):
   ___________________________________________
5. List your nominee’s professional credentials. ___________________________________________
6. Describe and enumerate how the nominee has made outstanding, pioneering and sustained contributions that have impacted the advancement of the specialty on the national or international level. Present succinctly why your nominee is recommended for this award.
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
7. Include a current curriculum vitae with bibliography.
Honorary Fellowship

**Purpose:** Recognize non-members who have made distinguished contributions to the specialty of oral and maxillofacial surgery.

**Criteria:** Special contributions to the specialty that have significantly altered the course of the profession or promoted its welfare.

**Eligibility:** Any individual who holds no other class of membership and who meets the criteria.

**Selection:** Any fellow/member or substructure of the AAOMS may make nominations. Nominations in writing accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually.

The Awards Nominating Committee shall forward nomination(s) to the Board of Trustees. Approval of nominations by the Board of Trustees shall be by secret ballot and require eight affirmative votes of the Board of Trustees. Election shall be by the House of Delegates. Not more than three honorary fellows may be elected in any one year and then only when deemed appropriate.

**Award:** A plaque and a pin.

**When given:** At the annual meeting in the year following election by the House of Delegates.

**Compensation:** The recipient shall receive hotel accommodations for up to two nights, travel in accordance with AAOMS Policy 16. Reimbursement (Travel, Per Diem), (1) Travel Reimbursement, and shall be provided two complimentary tickets to the President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented. Travel shall comply with the following guidelines: (March 07; March 09)

*Travel Reimbursement:* Honorees are encouraged to utilize 21-day advance purchase non-refundable economy tickets. If tickets, which are reimbursed by the Association, are not purchased at least 21 days in advance of the meeting and are not non-refundable economy class, reimbursement is limited to $400 or the cost of the ticket, whichever is less. (March 97; June 05)

Tickets must be purchased at least 21 days prior to the meeting unless the meeting was scheduled with less than 21 days notice.

Staff is to send reminder notices 45 days before a scheduled meeting to members who are purchasing their tickets.

Submission of the ticket, e-ticket or the invoice, is required as a requisite for reimbursement.

Honorees may purchase their airline tickets early and fax a copy of their ticket to the staff responsible for the meeting and a reimbursement check will be sent out within five business days.

If a ticket is unused because of emergency or other extenuating circumstances and the honoree has already been reimbursed, the honoree is to hold on to the ticket for future use. (June 05)

If travel is by auto, then the allotment is to be at the IRS approved mileage rate. (Dec. 88; Jan. 89; June 91; June 92; June 95; April 96)
Nomination Form  
Honorary Fellowship

1. Name of Nominee (First, Middle, Last): _____________________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):

________________________________________________________________________

________________________________________________________________________

3. Name of Nominator (First, Middle, Last): _________________________________________

________________________________________________________________________

4. Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):

________________________________________________________________________

________________________________________________________________________

5. List your nominee’s professional credentials. _______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Describe your nominee’s distinguished contributions to the specialty and enumerate the ways he has altered the course of the profession or promoted its welfare.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Include a current curriculum vitae with bibliography.
Committee Person of the Year Award

**Purpose:** Recognize a member of a standing or special committee who has provided outstanding service to the association.

**Criteria:** Nominees are considered for the time period of annual meeting to annual meeting one year prior to the annual meeting at which the award is given and must meet the minimum criteria for nomination:

1) Demonstrated effective participation in committee decision-making through identification, evaluation and analysis of needs, development of programs to meet such needs, and effective utilization of committee's resources, members and staff to implement programs.

2) Demonstrated a conscious sense of responsibility as a committee member in furthering the purposes of the AAOMS in those areas within which the committee has bylaw purview through a cooperative attitude in development and execution of committee programs and demonstrated leadership which enhances the effectiveness of the committee during and beyond his tenure on the committee.

**Selection:** The senior management team shall serve as the screening/nominating committee for nominations, with the executive director as chairman. The Board of Trustees shall be apprised of deliberations of the senior management team on consideration of nominees. The screening/nominating committee shall submit at least two nominees, with written recommendations, to the Board of Trustees for their review and selection. (October 15)

All nominees must meet the established minimum criteria for consideration for the award. A nominee shall be selected by secret ballot and submitted to the board. Selection of the Committee Person of the Year shall be by secret ballot and requires a majority vote of the Board of Trustees.

**Award:** An engraved plaque of recognition

**When given:** At the annual meeting each year.

**Compensation:** Waiver of the annual meeting registration fee at which the award is presented.

*Updated October 2015*
Nomination Form  
Committee Person of the Year Award

1. Name of Nominee (First, Middle, Last): ________________________________________________ 
   ________________________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):
   ________________________________________________
   ________________________________________________
   ________________________________________________

3. Name of Nominator (First, Middle, Last): ____________________________________________
   ________________________________________________

4. Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.)
   ________________________________________________
   ________________________________________________
   ________________________________________________

5. List your nominee's professional credentials.
   ________________________________________________
   ________________________________________________
   ________________________________________________

6. On which standing or special committee has the nominee served?
   ________________________________________________

7. Describe how the nominee has demonstrated effective participation in committee decision making.
   ________________________________________________
   ________________________________________________

8. Describe how the nominee has demonstrated a conscious sense of responsibility as a committee member in furthering the purpose of the AAOMS.
   ________________________________________________
   ________________________________________________

9. Include a current curriculum vitae with bibliography.
Donald B. Osbon Award for Outstanding Educator

**Purpose:** Recognize an outstanding educator in the specialty.

**Criteria:** Recipient must:
1) have exemplified the highest ideals of an educator,
2) be respected by his peers in education,
3) have fostered an excellent relationship between his educational program and oral and maxillofacial surgeons in the community,
4) have been actively involved in efforts to improve residency and continuing education, both locally and nationally, and
5) be respected and admired by his current and former residents.

**Eligibility:** An OMS educator who is or was actively involved in clinical and/or laboratory research; and has encouraged his residents and faculty to be actively involved in research; and further must be or has been involved directly in patient care, has a reputation as an outstanding clinician, and has exemplified the highest ethical and moral ideals of a professional. Oral and maxillofacial surgery educators who hold or have held a position on the OMS Faculty Section’s Executive Committee are not eligible for nomination for a period of five (5) years after completion of their term on the Section’s Executive Committee.

**Selection:** Any fellow, member or substructure of the Association, including OMS residents, may submit nominations in writing to the Faculty Section’s Executive Committee, along with a current curriculum vitae and letters of support by January 31 annually. During the midwinter conference or a conference call, the Faculty Section’s Executive Committee shall select the award nominee for submission to the Advisory Committee on Awards Nominations for concurrence and subsequently to the Board of Trustees for election. Election shall be by secret ballot and shall require a majority vote of the Board of Trustees.

**Award:** A framed certificate and any monetary award must be designated to an institution of the recipient’s choice to support education in that institution.

**When given:** Presented each year at the annual meeting.

**Compensation:** Waiver of the annual meeting registration fee at which the award is presented.
Nomination Form
Donald B. Osbon Award

1. **Name of Nominated Educator (First, Middle, Last):**
   
2. **Business/Institution Address (Street, City, State, Country, Phone No.):**
   
3. **Name of OMS Faculty Section Nominator (First, Middle, Last):**
   
4. **Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):**
   
5. **List your nominee’s professional credentials.**
   
6. **Describe how the nominee** (please attach a separate page on the following):
   1) has exemplified the highest ideals of an educator,
   2) been respected by his peers in education,
   3) has fostered an excellent relationship between his educational program and oral and maxillofacial surgeons in the community,
   4) has been actively involved in efforts to improve residency and continuing education, both locally and nationally, or
   5) is respected and admired by his current and former residents.

7. **Enumerate ways the nominee** (please attach a separate page on the following):
   1) is or was actively involved in clinical and/or laboratory research,
   2) has encouraged his residents and faculty to be actively involved in research,
   3) is or has been involved directly in patient care,
   4) has a reputation as an outstanding clinician, or
   5) has exemplified the highest ethical and moral ideals of a professional.

8. **Attach nominee’s current curriculum vitae and letters of support.**
Daniel M. Laskin Award for Outstanding Predoctoral Educator in OMS

Purpose: Recognize outstanding predoctoral educators in the specialty.

Criteria: Recipient must:
1) have exemplified the highest ideals of an educator,
2) be respected by his peers in education,
3) have fostered an excellent relationship between the undergraduate faculty and students with the oral and maxillofacial surgery residency program and oral and maxillofacial surgeons in the community,
4) have been actively involved in efforts to improve undergraduate education and continuing education, both locally and nationally, and
5) be respected and admired by his current and former students.

Eligibility: An OMS educator involved in predoctoral education, who is or was actively involved in clinical and/or laboratory research; and has encouraged his students and faculty to be actively involved in research and become involved in oral and maxillofacial surgery and academia; and further must be or has been involved directly in patient care, has a reputation as an outstanding clinician, and has exemplified the highest ethical and moral ideals of a professional. Oral and maxillofacial surgery educators who hold or have held a position on the OMS Faculty Section’s Executive Committee are not eligible for nomination for a period of five (5) years after completion of their term on the Section’s Executive Committee.

Selection: Nominations may be submitted in writing along with a current curriculum vitae and letters of support by any fellow, member or substructure of the Association, including OMS residents, to the Faculty Section’s Executive Committee by January 31 annually. During the midwinter conference or a conference call, the Faculty Section’s Executive Committee shall select the award nominee for submission to the Advisory Committee on Awards Nominations for concurrence and subsequently to the Board of Trustees for election. Election shall be by secret ballot and shall require a majority vote of the Board of Trustees.

Award: A framed certificate.

When given: Up to one award may be presented each year at the annual meeting.

Compensation: The recipient shall have the registration fee waived for the annual meeting at which the award is presented.
Nomination Form

Daniel M. Laskin Award for Outstanding Predoctoral Educator in OMS

1. Name of Nominated Educator (First, Middle, Last): ________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):

3. Name of OMS Faculty Section Nominator (First, Middle, Last): ____________________

4. Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):

5. List your nominee’s professional credentials.

6. Describe how the nominee (please attach a separate page on the following):
   1) has exemplified the highest ideals of an educator,
   2) been respected by his peers in education,
   3) has fostered an excellent relationship between his educational program and oral and maxillofacial surgeons in the community,
   4) has been actively involved in efforts to improve predoctoral and continuing education, both locally and nationally, or
   5) is respected and admired by his current and former students.

7. Enumerate ways the nominee (please attach a separate page on the following):
   1) is or was actively involved in clinical and/or laboratory research,
   2) has encouraged his students and faculty to be actively involved in research,
   3) is or has been involved directly in patient care,
   4) has a reputation as an outstanding clinician, or
   5) has exemplified the highest ethical and moral ideals of a professional.

8. Attach nominee's current curriculum vitae and letters of support.
Clinical Research Award for Fellows and Members

**Purpose:** Recognize fellows and members who are engaged in clinical research which fosters innovations and new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery.

**Criteria:** Recipients must have or be actively involved in a clinical research project, translational in nature (i.e., have direct applicability to clinical care), that benefits patients within the specialty of oral and maxillofacial surgery.

**Eligibility:** All current AAOMS fellows and members engaged in research that includes a clear description of study objectives, has scientific and clinical significance and a detailed research plan that may alter or enhance the clinical practice of oral and maxillofacial surgery.

**Selection:** Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

**Award:** An engraved plaque of recognition.

**When given:** Each year at the AAOMS annual meeting.

**Compensation:** Waiver of the registration fee for the annual meeting at which the award is presented.
Nomination Form  
Clinical Research Award for Fellows & Members  

1. **Name of Nominee (First, Middle, Last):** ____________________________________________________________

2. **Business/Institution Address (Street, City, State, Country, Phone No.):**

3. **Name of Nominator (First, Middle, Last):** ____________________________________________________________

4. **Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):**

5. **List your nominee's professional credentials.** ____________________________________________________________

6. **Describe how the nominee has participated in clinical research projects that benefit the specialty. Present succinctly why your nominee is recommended for this award.**

7. **Include a current curriculum vitae with bibliography.**
Outstanding Legislator of the Year Award

**Purpose:** To recognize outstanding legislators from the state and federal level for outstanding contributions to legislation that would positively affect the specialty.

**Criteria:** The recipients must have exemplified and been actively involved in legislative issues that benefit oral and maxillofacial surgery.

**Eligibility:** A legislator who has been active on OMS issues at either the state and federal level and has assisted in enacting or defeating legislation that would directly affect the specialty of oral and maxillofacial surgery.

**Selection:** Nominations may be made by the AAOMS Committee on Governmental Affairs. Nominations in writing accompanied by proper documentation shall be submitted to the Board of Trustees by January 31 annually. The AAOMS Committee on Governmental Affairs and their respective staff who shall select in order of preference one legislator from the state level and one legislator from the federal level or two legislators from the state level or two from the federal level for review and approval by the AAOMS Board of Trustees. Election shall be by secret ballot, unless waived, and shall require a majority vote of the Board of Trustees. (October 15)

**Award:** An engraved plaque of recognition

**When Given:** The award shall be presented on an as needed basis during a special event of the Committee on Governmental Affairs and Oral and Maxillofacial Surgery Political Action Committee or other appropriate venues.

**Compensation:** If presented at the annual meeting, the registration fee will be waived for the annual meeting at which the award is presented.
Nomination Form
Outstanding Legislator of the Year Award

1. **Name of Legislator Nominee (First, Middle, Last):**
   
   

2. **Business/Institution Address (Street, City, State, Country, Phone No.):**
   
   

3. **Name of Nominator (First, Middle, Last):**
   
   

4. **Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):**
   
   

5. **List your nominee's professional credentials.**
   
   

6. **Describe and enumerate your state and/or federal legislator nominee's outstanding contributions to legislation that would positively affect the specialty and present succinctly why your nominee is recommended for this award.**
   
   

7. **Include a current curriculum vitae with bibliography.**
John F. Freihaut Political Activist Award

Purpose: To recognize fellows and members, state OMS societies, state dental associations or groups of individuals for their outstanding grassroots efforts and support of legislative issues at the state and federal level.

Criteria: The recipients must have exemplified and been actively involved in issues and legislation that benefit oral and maxillofacial surgery.

Eligibility: A fellow or member or groups of individuals who have been actively involved in OMS issues at either the state and federal level and has assisted in enacting or defeating legislation that would directly affect the specialty of oral and maxillofacial surgery through congressional visits, testimony, fundraising, congressional contacts or OMSPAC contributions. Members of the OMSPAC Board of Directors and AAOMS Committee on Governmental Affairs may be nominated for this award, but only by fellows and members not serving on either of these entities.

Selection: Nominations may be made by the Oral and Maxillofacial Surgery Political Action Committee Nominations in writing accompanied by proper documentation shall be submitted to the Board of Trustees by January 31 annually. The Oral and Maxillofacial Surgery Political Action Committee and their respective staff who shall select up to two fellows/members or groups of individuals for review and selection by the Board of Trustees. Election shall be by secret ballot, unless waived, and shall require a majority vote of the Board of Trustees. (October 15)

Award: An engraved plaque of recognition

When Given: The award shall be presented during the opening ceremony at the annual meeting or another appropriate event.

Compensation: If presented at the annual meeting, the registration fee will be waived for the annual meeting at which the award is presented.
Nomination Form
John F. Freihaut Political Activist Award

1. Name of Nominee (First, Middle, Last): ____________________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):

3. Name of Nominator (First, Middle, Last): ________________________________

4. Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):

5. List your nominee’s professional credentials. ________________________________

6. Describe and enumerate your nominee’s outstanding grassroots efforts and support of legislative issues at the state and federal level and present succinctly why your nominee is recommended for this award.

7. Include a current curriculum vitae with bibliography.
Memorial or Special Lectures

Criteria: Made significant contributions to the specialty of oral and maxillofacial surgery in education and/or practice.

Selection: Any fellow/member or substructure of the AAOMS or outside entity can petition the Awards Nominating Committee for a one-time or annual lecture. Nominations must be in writing and accompanied by proper documentation.

One-time Lecture
A memorial or special lecture may be held on a one-time basis. Full financial responsibility for one-time lectures are assumed by the sponsoring (nominating) organization.

Annual Lecture
A sustained and named award or lectureship must be supported by an endowed fund established under the auspices of the Oral and Maxillofacial Surgery Foundation. The endowment must provide funds sufficient to provide honorarium, travel and per diem per policy to the lecturer.

Recommendation for one-time or annual lectures will be made by the Awards Nominating Committee to the Board of Trustees. Approval for the establishment of a lecture shall be by secret ballot and require eight affirmative votes of the Board of Trustees.

Following approval, subject areas for lectures will be determined by the Committee on Continuing Education (CCE) which will also determine if the lecture will be held at the midwinter conference or annual meeting. The selection process for speakers shall be determined separately for each lecture established.

No segment of the existing scientific portion of the meetings of the AAOMS will be named without full financial support. No commercial sponsorship will be permitted for the scientific portion of the midwinter conference or annual meeting.
Nomination Form
Memorial or Special Lectures

1. Name of Nominee (First, Middle, Last): _____________________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.): ________________________________

3. Name of Nominator (First, Middle, Last): _____________________________________________

4. Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):
_____________________________________________________________________________________

5. List your nominee’s professional credentials.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. Describe and enumerate the significant contributions the nominee has made to the specialty in education and/or practice. (attach documentation)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

7. Specify if Lecture is _________Annual _________One-time

8. Include a current curriculum vitae with bibliography.
Humanitarian Award for Residents

**Purpose:** Recognize up to two (2) residents who have donated substantial time and effort within their local or global community above and beyond training experience during residency that results in an improvement in the quality of life for the public.

**Criteria:** Extended involvement in volunteer health or service related projects of benefit to the local or global community that are not a regular part of a personal educational experience. Surgical experiences during residency are excluded.

**Eligibility:** All current OMS residents.

**Selection:** Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two (2) awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

**Award:** An engraved plaque of recognition.

**When given:** AAOMS annual meeting.

**Compensation:** Waiver of the registration fee for the annual meeting at which the award is presented.
Nomination Form
Humanitarian Award for Residents

1. Name of Nominee (First, Middle, Last): ________________________________

2. Business/Institution Address (Street, City, State, Country, Phone No.):

3. Name of Department Chairman or Program Director Nominator (First, Middle, Last):

4. Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):

5. List your nominee’s professional credentials: ________________________________

6. Describe and enumerate how the nominee has participated in community and volunteer projects that benefit the public. Present succinctly why your nominee is recommended for this award.

7. Include a current curriculum vitae with bibliography.
Humanitarian Award for Fellows and Members

**Purpose:** Recognize fellows and members who have donated substantial time and effort within their local community or on a global basis that results in an improvement in the quality of life for the public.

**Criteria:** Extended involvement in volunteer health or service related projects of benefit to the local or global community that are not a regular part of a personal educational experience.

**Eligibility:** All current AAOMS fellows and members.

**Selection:** Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

**Award:** An engraved plaque of recognition.

**When given:** AAOMS annual meeting.

**Compensation:** Waiver of the registration fee for the annual meeting at which the award is presented.
Nomination Form
Humanitarian Award for Fellows & Members

1. **Name of Nominee (First, Middle, Last):** ____________________________________________

2. **Business/Institution Address (Street, City, State, Country, Phone No.):**

3. **Name of Nominator (First, Middle, Last):** _______________________________________

4. **Nominator’s Address (Institution/Business, Street, City, State, Country, Phone No.):**

5. **List your nominee’s professional credentials.** _______________________________________

6. **Describe and enumerate how the nominee has participated in community and volunteer projects that benefit the public. Present succinctly why your nominee is recommended for this award.**

7. **Include a current curriculum vitae with bibliography.**
Award for Excellence in Reporting of Oral and Maxillofacial Surgery Issues

**Purpose:** To honor a member of the print or electronic media whose work has significantly contributed to the education of the public about the dental specialty of oral and maxillofacial surgery, and the positive impact on the public health and welfare resulting from the surgical procedures provided by dedicated oral and maxillofacial surgeons throughout the United States.

**Criteria:** Journalists in the United States who have produced written materials or broadcasts that are intended for the general public and related to oral and maxillofacial surgery. Examples of eligible material include trauma management, oral cancer, dental implants, third molar (wisdom tooth) extraction, and orthognathic surgery.

- Submissions may be gleaned from newspapers, magazines, radio, national, local or cable television networks, and such Internet-based sources as Web sites, newswire services, and online publications.
- The award is given to an individual, not an organization.
- Entries must have been published or broadcast in the past two years prior to the Advisory Committee on Awards Nominations’ meeting.
- Entries must be received by AAOMS no later than January 31, annually.

**Selection:** Nominations will be accepted from journalists, AAOMS fellows and members, AAOMS staff, and members of the public who have benefited from oral and maxillofacial surgery information appearing in an article or broadcast.

- Journalists may be nominated for more than one article or broadcast.
- Each nominated article or broadcast must be accompanied by a separate entry form. (Entry forms may be duplicated.)
- Each entry must be accompanied by a copy of the nominated article or broadcast. Acceptable formats are as follows:
  - **Print newspapers and magazines:** A copy of the original printed material
  - **Radio:** Entries should be recorded on a blank cassette tape or DVD.
  - **Television (national, local or cable):** Entries must be submitted on ½” VHS tape or blank DVD.
  - **Internet:** Entries should include a hard-copy print out of the material along with the Web address if appropriate.

Judging is based on the following criteria:

- Originality (no reprints or pickups),
- Overall content and clarity of message,
- Educational benefits to the public
- Quality of writing (content must be accurate, current, well-researched and well-written)

Entries are judged by a committee composed of oral and maxillofacial surgeons, association executives and communication professionals.
Judges will look for articles and broadcasts that accurately reflect the role of the oral and maxillofacial surgeon in the treatment of patients, new techniques and treatment options, public awareness messages, etc.

The recipient of the AAOMS Media Award will be notified following approval by the Board of Trustees.

**Award:** An engraved plaque of recognition

**When Given:** The winner of the award will be announced during the Association’s opening ceremony of the annual meeting.
Nomination Form
Award For Excellence in Reporting of Oral and Maxillofacial Surgery Issues

1. **Name of Nominee (First, Middle, Last):**
   ______________________________________________________
   ______________________________________________________

2. **Business/Institution Address (Street, City, State, Country, Phone No.):**
   ______________________________________________________
   ______________________________________________________

3. **Name of Nominator (First, Middle, Last):**
   ______________________________________________________
   ______________________________________________________

4. **Nominator's Address (Institution/Business, Street, City, State, Country, Phone No.):**
   ______________________________________________________
   ______________________________________________________

5. **List your nominee's professional credentials:**
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. **Describe and enumerate how the nominee’s work has significantly contributed to the education of the public about the dental specialty of oral and maxillofacial surgery, and the positive impact on the public health and welfare resulting from the surgical procedures provided by dedicated oral and maxillofacial surgeons throughout the United States. Present succinctly why your nominee is recommended for this award.**
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

7. **Include a current curriculum vitae with bibliography.**