

ODHA ACADEMY OF DENTAL HYGIENE STUDIES

2015 PATRICIA V. GRIFFITHS MEMORIAL AWARD

PURPOSE:

Recognition of one member of the ODHA Academy of Dental Hygiene Studies who has demonstrated exceptional commitment to oral health education of self and community.

AWARD:

- Presented at the annual session of the Ohio Dental Hygienists' Association
- Granted biennially - Dependent upon receipt of eligible application(s)
- Cash award, with amount determined by the Academy's Administrative Board.

REQUIREMENTS of ELIGIBILITY:

- Current member of the ODHA Academy of Dental Hygiene Studies
- Has maintained continuous Academy membership at least 2 years preceding application for Patricia V. Griffiths Award.
- Completed a minimum of 50 continuing education hours which meet current approval standards set forth by the Ohio State Dental Board, during the past 24 months.
- Provided a minimum of 8 *volunteer* hours in community oral health services, during past 24 months.
- *Not* a previous recipient of the Patricia V. Griffiths Memorial Award

SELECTION CRITERIA to DETERMINE RECIPIENT of AWARD:

- 55% Total number of continuing education credits accrued during past 24 months, which meet current approval standards set forth by the Ohio State Dental Board
- 30% Total number of community dental health *volunteer* hours during past 24 months (e.g. health fair, local clinic, public/private classroom, national/community organization, assisted living facility, other)
- 15% Diversity of dental hygiene career experience (e.g. credentials, specialty practice, public health, educator, research, sales, other)

2015 APPLICATION PROCEDURE:

- Mail completed application, **postmarked no later than Saturday, October 17, 2015.**
- Attach copies of a certificate or letter of completion issued by the presenter of each continuing education course.

Questions and Answers:

Q: What is the 2015 cash prize for the Patricia V. Griffiths Memorial Award?

A: \$500. is the cash prize approved by the Academy's Administrative Board

Q: Please explain, "continuous Academy membership at least 2 years preceding application"?

A: Eligible applicants for 2015 were inducted into the Academy of Dental Hygiene Studies no later than November, 2013

Q: How do I identify which continuing education courses meet current approval standards set forth by the Ohio State Dental Board?

A: Section 4715.25 of Ohio Revised Code states that continuing education programs may be developed and offered to dental hygienists by any of the following agencies or organizations:

- (1) National, state, district, or local dental hygienists' associations affiliated with the American Dental Hygienists' Association;
- (2) National, state, district, or local dental associations affiliated with the American Dental Association or National Dental Association;
- (3) Accredited dental hygiene colleges or schools;
- (4) Accredited dental colleges or schools;
- (5) Other organizations, schools, paraprofessional programs, or agencies approved by the state dental board.

Q: The Ohio State Dental Board places a *maximum* number of hours on certain categories of continuing education. Does this category maximum also apply to the Patricia V. Griffiths Memorial Award?

A: No. The Academy of Dental Hygiene Studies encourages hygienists to EXCEED standards established by the Ohio State Dental Board.

Q: Does the Academy of Dental Hygiene Studies consider university credit hours I have completed during the past 24 months as "continuing education"?

A: No. Instead, your credentials and recently obtained university credit hours should be listed under "Diversity of dental hygiene career experience"

Q: May I submit my Patricia V. Griffiths Award application by e-mail?

A: Yes, if original application format is used and submitted as an e-mail attachment. Submit application pages #1 and #2 to: CHerPig@aol.com
E-mail applications must be submitted prior to midnight, October 17, 2015 **and** hardcopies of ce certificates/letters of course attendance must be sent to Cheryl Herrmann @ 219 Goldsmith Road, Caledonia, OH 43314 with a postmark deadline of October 17, 2015.

Q: Who do I contact with further questions?

A: Cheryl Herrmann, RDH, BS
219 Goldsmith Road
Caledonia, OH 43314

Home: 419-985-5107
CHerPig@aol.com

2015 APPLICATION
ODHA ACADEMY of DENTAL HYGIENE STUDIES
PATRICIA V. GRIFFITHS MEMORIAL AWARD

***** POSTMARK or E-MAIL DEADLINE OF OCTOBER 17, 2015 *****

NAME: _____

HOME ADDRESS: _____

CITY: _____, OHIO ZIP: _____

YEAR of ACADEMY INDUCTION: _____ PHONE: _____

ADHA MEMBERSHIP #: _____ E-MAIL: _____

Please, submit this 2-page application—with attached copies of certificates or letters of completion issued by each course presenter.

Mail to: Cheryl Herrmann, RDH, BS
219 Goldsmith Road, Caledonia, OH 43314
or CHerPig@aol.com

Upon receipt of each application, the entire Patricia V. Griffiths Memorial Award Committee will review ONLY page 2 of this application. Thus, **the identity of each applicant will remain anonymous throughout scoring of % criteria.**

After the selection committee has calculated score results, the identity of the applicant receiving the highest score will be revealed to the Award Committee Chair. Corresponding proof of continuing education courses will then be validated.

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PATRICIA V. GRIFFITHS MEMORIAL AWARD**

**Do NOT include personal name, address, or identification information
on this page.**

55% Total number of continuing education credits accrued between 10/17/13 and 10/17/15, which meet current approval standards set forth by the Ohio State Dental Board

30% Please, list specific instances between 10/17/13 and 10/17/15, when you have *volunteered* your time to provide oral health services and/or dental education activities. (*Attach supplemental sheet, if needed.*)
(e.g. health fair, local clinic, public/private classroom, national/community organization, assisted living facility, other)

Activity(s):	Date(s) & Hour(s) Volunteered:
_____	_____
_____	_____
_____	_____
_____	_____

15% COMPLETED CREDENTIALS: RDH, _____

Additional university/college credits earned during 10/2013 - 10/2015: _____

* Please, attach proof of these completed courses.

Circle each applicable sector of your dental hygiene career:

research public health clinician faculty/educator sales

specialty practice(s) _____ other _____