



American  
Dental  
Hygienists'  
Association

Ohio

## Ohio Dental Hygienists' Association

### Student Table Clinic Application

Application Deadline: Friday, October 14, 2016

Please read the Table Clinic Guidelines before completing the application. All information must be completed in full before any application can be accepted. Contact [ODHATableClinics@gmail.com](mailto:ODHATableClinics@gmail.com) with any questions.

This year we are offering the option of being judged to Table Clinic presenters. It is our sincere hope that all Table Clinic Presenters will follow ADHA Guidelines, whether you are being judged or not.

Please indicate below whether you wish to be judged.

Yes, Please include my Table Clinic in the judging

No, I do not wish to be judged

#### **Presenter Information** Up to four presenters are allowed per presentation.

College/University: \_\_\_\_\_

#### **First Presenter (Primary Contact)**

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Second Presenter**

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Third Presenter**

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Fourth Presenter**

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Advisor**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Program Director**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Presentation Information**

Title: \_\_\_\_\_

Objective: \_\_\_\_\_

Abstract/Summary:

Your presentation will be evaluated on the objective and abstract. Please remember that failure to comply with the rules and regulations as well as criteria set forth in the "Table Clinic Guidelines" document will disqualify the presentation from active competition. This information can be found on ODHA's website [www.odha.net](http://www.odha.net) under student info.

\_\_ I hereby release and agree to hold harmless the Ohio Dental Hygienists' Association and the proprietor and operator from any and all liability for damages or loss to my goods or property while located on hotel premises. Electronic submission will accept the selection of this item as your signature.

Date: \_\_\_\_\_



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## The Ohio Dental Hygienists' Association

### 2016 Student Reception

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The 2016 Student Awards will be presented during a comprehensive Student Program on Saturday, November 19<sup>th</sup>. Please indicate below the **one** advisor or program director that has been designated to attend the Awards ceremony with your group. Family and friends may also attend, but will be seated in the rear of the reception hall.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Student Presenters Attending: \_\_\_\_\_

Please return this form by **Friday, October 14, 2016**. You may submit applications to: [ODHATableClinics@gmail.com](mailto:ODHATableClinics@gmail.com)



## Suggested Timeline for Preparing Student Presentations

April – Group Established and Topic Chosen

September 7<sup>th</sup> – Research Completed

Begin work on 5 minute presentations, poster board, and pamphlet

September – submit Table Clinic Application – **DUE BY OCTOBER 14<sup>th</sup> DEADLINE**

*\*\*\*No late applications will be accepted\*\*\**

September 28<sup>th</sup> – Speech completed

October 5<sup>th</sup> – Poster board and pamphlet completed

October 12<sup>th</sup> – Pamphlets printed

Ready by November 19<sup>th</sup>!

We suggest presenting to classmates and/or teachers for feedback.

If your school has table clinic requirements, please adhere to their deadlines.

