PROSPECTIVE GRADUATE FORM

Congratulations on your impending graduation and welcome to the dental hygiene profession. The purpose of this form is to help the Ohio Dental Hygienists' Association be aware of all new graduates. We would like to be of service to you and also have the nearest Component Association welcome you to the organization. In order to do this, we need the following information.

PLEASE GIVE US THE ADDRESS WHERE YOU CAN BE REACHED AFTER GRADUATION:

NAME:

ADDRESS:

CITY: ___________________ STATE: ___________ ZIP: _____________

PRIMARY PHONE: ___________________ OTHER PHONE: ___________________

PERSONAL EMAIL: ___________________

SCHOOL: ___________________
STUDENT CHAPTER OF ADHA MEMBER ID# ___________________

CAN WE SEND YOU TEXT MESSAGES? _____ YES _____ NO
CAN WE SEND YOU EMAIL? _____ YES _____ NO
BEST WAY TO CONTACT YOU? EMAIL TEXT PHONE CALL

PLEASE CHECK THE AREA(S) WHERE YOU PLAN TO BE EMPLOYED AND/OR ATTEND COMPONENT MEETINGS.

___ Cincinnati ___________________ ___ Northwestern
___ Cleveland ___________________ ___ Stark
___ Columbus ___________________ ___ Toledo
___ Dayton ___________________ ___ Tri-County
___ Northeastern ___________________ ___ Another state-if so what state? ___________________

Thank you for your cooperation and again, congratulations upon entering your chosen profession. We hope you become an active member of the American Dental Hygienists’ Association and the Ohio constituent, the Ohio Dental Hygienists’ Association. Your excitement and enthusiasm for dental hygiene is an asset to an already vital profession.

Please have the Student Chapter Advisor (or Program Director) send all prospective graduates forms together, and mail to:

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