**ODHA ACADEMY OF DENTAL HYGIENE STUDIES**

**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 biennially [since 2023 was missed this award will be offered 2024], dependent upon receipt of eligible applications at the Ohio Dental Hygienists’ Association Annual Session. The amount of the cash award will be determined by the ODHA Academy’s Board.

**REQUIREMENTS OF THE AWARD:**

* Must be a current member of the ODHA Academy.
* Member must have maintained continuous Academy membership for at least 2 years preceding the application for the Patricia V. Griffith Award.
* Member must have completed a minimum of 50 hours of CE which meet approval standards set forth by the Ohio State Dental Board (OSDB) during the past 24 months.
* Member must have provided a minimum of 8 volunteer (not compensated) hours in community oral health services during the past 24 months.
* Member must not be a previous recipient of the Patricia V. Griffith Memorial Award.

**SELECTION CRITERIA TO DETERMINE RECIPIENT OF THE AWARD:**

55% Total number of continuing education credits accrued during the past 24 months, which meet the current approval standards set forth by the OSDB.

30% Total number of community oral health volunteer hours during the 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).

**APPLICATION PROCESS:** Due ONE (1) month prior to this year’s ODHA Annual Session:

* Email the following items to Pat Powers pvpowers@hotmail.com
1. Completed application (page 1 and page 2).
2. Copies of certificates or letters of each CE course.

**ODHA ACADEMY OF DENTAL HYGIENE STUDIES**

**PATRICIA V. GRIFFITHS MEMORIAL AWARD**

**APPLICATION (Page 1)**

**Name:**

**Home Address:**

**City: State: Zip Code:**

**Year of Academy Induction: Phone:**

**ADHA Membership #: Email:**

**\*Email ONE (1) month prior ODHA Annual Session to**

Pat Powers pvpowers@hotmail.com

Completed application (page 1 and page 2).

Copies of certificates or letters of each CE course.

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 the scoring.

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

**ODHA ACADEMY OF DENTAL HYGIENE STUDIES**

**PATRICIA V. GRIFFITHS MEMORIAL AWARD**

**APPLICATION (Page 2)**

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

|  |  |
| --- | --- |
| **55%** | **Total number of continuing education (CE) credits/hours accrued in the last 24 months, which meet the current approval standards set forth by the Ohio State Dental Board.** **Total:** |
| **30%** | **List specific instances of** **volunteer (not compensated) hours in community oral health services during the past 24 months.**  |
|  | **Date(s) and Hour(s):** | **Activity(s):** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **15%** | **Completed Credentials:** |
|  | **RDH,** |
|  | **Additional university/college credits earned during the last 24 months.** Please attach proof of completed courses (be sure to hide name on scanned documents). |
|  | **Place an X by each applicable sector of your dental hygiene career and add additional information as needed.** |
|  | Research |
|  | Public Health |
|  | Clinician |
|  | Faculty/Educator |
|  | Sales |
|  | Specialty Practice:  |
|  | Other:  |

G:\DentHyg\clinicjh\Academy\Patricia V. Griffiths Memorial Award 2024.docx