



California Dental Hygienists' Association
The Voice of Dental Hygiene

Student Leadership Award Form

Certificate Information	
Date of Presentation/Graduation:	
Dental Hygiene Program:	
Student Leadership Award Recipient Name: If this award is being presented during a CDHA event, please provide a few comments about the recipient and their leadership role.	

Mailing Information			
Please provide the following on where the framed certificate should be mailed:			
Contact Name:			
School Name:			
Mailing Address:			
City:		State:	Zip Code:
Phone:			
Email:			
Submitted by:			
Program Director of (School Name):			

This form must be received by CDHA at least 14 business days prior to the date of presentation of the award to allow for processing and mailing. Late submissions may be required to pay for overnight shipping charges of approximately \$30.00.

Please submit your completed form via email to memberservices@cdha.org.

For office use only:

Membership verified _____
Date certificate mailed _____