



National Board for Certification in  
**Dental Laboratory Technology**



## **NBC Awards Nomination “CDT of the Year”**

The National Board for Certification in Dental Laboratory Technology annually recognizes an individual Certified Dental Technician (CDT) who has made contributions to his/her peers and the dental laboratory profession and has gone above and beyond the call of duty. Any individual is invited to nominate an active CDT they believe deserves to be recognized by their colleagues. Active CDTs may also nominate themselves.

Nominees will be notified and asked to complete the Nomination Supporting Information form and submit a brief biography and listing of their accomplishments for the Awards Committee to review. The CDT of the Year will be selected by the NBC Awards Committee and invited to the NADL Vision 21 meeting in Las Vegas, NV in January (registration will be complimentary), where they will be presented with their award.

### **The deadline to submit nominations is Monday, September 30, 2024**

Nominations may be submitted to NBC via:

**Mail:** NBC Awards Nominations  
325 John Knox Rd, Ste L103  
Tallahassee, FL 32303

**Email:** [certification@nbccert.org](mailto:certification@nbccert.org)

**Fax:** (850) 222-0053

Please contact Deborah Caldwell at (800) 684-5310 or by email at [dcaldwell@nbccert.org](mailto:dcaldwell@nbccert.org) if you have any questions about the CDT of the Year nomination process.

# CDT of the Year Nomination Form

The CDT of the Year Award recognizes an individual Certified Dental Technician (CDT) who has made contributions to his/her peers and the dental laboratory profession and has gone above and beyond the call of duty. For an individual to be eligible for nomination, they must be an active Certified Dental Technician (CDT).

Any individual may submit a nomination. Individuals may also nominate themselves, and multiple nominations can be made. If the person submitting a nomination chooses, they may submit a formal letter of recommendation to the Awards Committee on behalf of the person nominated.

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

What has this individual done during their time as a CDT to be considered for the CDT of the Year Award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Nomination information will be kept confidential. This information is used to verify contact information if needed and for notification if one of your nominations is selected for an award.***

Name of person submitting nomination(s): \_\_\_\_\_

Organization: \_\_\_\_\_ CDT/RG Number: \_\_\_\_\_  
*(if applicable)*

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

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**Office Use Only** CDT Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_