



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. CDTs, Active Retired CDTs (RETs), Permanently Retired CDTs, or Recognized Graduates (RGs) are invited to nominate an active CDT they believe deserves to be recognized by their colleagues.

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.

Any CDTs, Active Retired CDTs (RETs), Permanently Retired CDTs, or Recognized Graduates (RGs) in good standing may submit a nomination. Active CDTs may nominate themselves.

The deadline to submit nominations is Monday, September 28, 2020

Nominations may be submitted to NBC via:

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

Email: certification@nbccert.org

Fax: (850) 222-0053

Please contact Meghan Shiner at (800) 684-5310 or by email at mshiner@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.

- Must be an active Certified Dental Technician (CDT).

Any Active CDTs, Active Retired CDTs (RETs), Permanently Retired CDTs, or Recognized Graduates (RGs) in good standing may submit a nomination. 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. Individuals may nominate themselves, and multiple nominations can be made.

Nominee Name: _____

Laboratory/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

What has this CDT done to be nominated? (Use additional pages if needed): _____

*****Any submission that does not include a reason for nomination will not be accepted*****

Nomination information will be kept confidential. This information is used to verify nominator's CDT/RET/PER/RG certification and for notification if one of your nominations is selected for an Award.

Name of person submitting nomination(s): _____

Laboratory/Company: _____ CDT/RG Number: _____

Phone: _____ Fax: _____

Email: _____

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Office Use Only CDT Number: _____ Expiration Date: _____