

International College of Dentists – USA Section

Model District Award

(10-2020) [MA sC1-20]

Purpose

To encourage District improvement by recognizing Districts that meet minimum standards of performance in three areas.

Method

Districts will voluntarily apply for recognition by completing a Model District Award application and submitting it to the USA Section Office four weeks prior to the Spring Board of Regents meeting of each year. The Membership Committee will review each application against pre-established standards and determine if the District meets minimum requirements in all areas. Districts that meet standards will be designated as Model Districts and recognized at the Annual Meeting and Convocation. The Model District designation will be good for a three-year period at the end of which time the District will need to reapply. The standards are subject to change.

Areas and Standards

Area 1: Membership

Standard: The District will:

- a. Have membership committee (or equivalent) identify dentists in positions of leadership within the District for possible Fellowship nomination.
- b. Annually nominate qualified dentists for Fellowship (nomination must be approved and inducted) over the most recent three years meeting the goal established by the Deputy Registrar.
- c. Monitor membership retention to allow no more than 3% attrition per year excluding deaths and retirement status.

Area 2: District Outreach

Standard: The District will participate in at least one event:

- a. That directly promotes the mission of the Section.
- b. In which the District contributed to the administration of the event.
- c. Which recurs annually in substantially the same format.

Examples of such projects could include:

- a. Sponsoring a humanitarian outreach or leadership project.
- b. Supporting dental school leadership or humanitarian projects.
- c. Developing and conducting a mentoring program for upper class dental students or new dentists.

Area 3: Commitment and Communication

Standard: The District will:

- a. Have a District newsletter (electronic or printed) or alternatively, will regularly send letters, notices or email messages to all of its members.
- b. Be compliant with requirements and requests for reports and information from the Regent or Section Office.
- c. Recognize newly inducted Fellows in a timely fashion.

**International College of Dentists – USA Section
Model District Program
APPLICATION**

District: _____

Directions: A District Officer needs to complete this application and submit it to the USA Section Office as soon as possible but no later than four weeks prior to the Spring Board of Regents meeting. The standards are subject to change.

Area 1: Membership

Our District:

- Has membership committee (or equivalent) to identify dentists in positions of leadership within the District for possible Fellowship nomination. Yes__ No__
- Annually nominated qualified dentists for Fellowship (nominee must be approved and inducted) over the most recent three years meeting the goal established by the Deputy Registrar. Yes__ No__
- Annually monitors membership retention to allow no more than 3% attrition per year excluding deaths and retirement status. Yes__ No__

Area 2: District Projects Outreach

Our District participates in at least one event:

- a. That directly promotes the mission of the USA Section. Yes__ No__
- b. In which the District contributed to the administration of the event Yes__ No__
- c. Which recurs annually in substantially the same format Yes__ No__

Please provide a brief description of the project(s):

Area 3: Commitment and Communication

Our District:

- Has a District newsletter (electronic or printed) or alternatively, our District regularly sends letters, notices or email message to all of its members. Yes__ No__
- Is compliant with requirements and requests for reports and information from the Regent or USA Section Office. Yes__ No__
- Recognizes newly inducted Fellows in a timely fashion. Yes__ No__

As an officer of the District, I affirm that the information provided in the above application is true and complete to the best of my knowledge.

Name: _____ **District:** _____
ICD Position: _____ **Date:** _____

Submission: Email, Fax, or Mail the completed application no later than **four weeks before the Spring BOR Meeting.**

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