



New Jersey Dental Assistants' Association

79th Annual Session

Student Presentations and Awards

April 9th, 2011

All Students attending Annual Session must be pre-registered!!

NEW JERSEY DENTAL ASSISTANTS' ASSOCIATION

79TH Annual Session

POSTER DISPLAY CONTEST

Please note: Listed below are the rules and regulations for the poster display contest to be held at the 2011 NJDAA Annual Session on Saturday, April 9th. The Rules and Awards committee will disqualify any entry that does not comply with all of the following. There will be no exceptions.

The categories are: Conventional (pertains to anything in dentistry)
 Comical (anything whimsical about dentistry)
 Educational (more of a teaching tool)

The criteria for judging include: **Clarity of message –20%**
 Accurate information and spelling – 20%
 Pleasing to the eye (color, design and lettering) –20%
 Neatness – 20%
 Originality – 20%

There will be ribbons for first, second and third place in each of the three categories. The Judith Louisot Memorial Award will be presented for the “Best Overall Poster”.

Posters must be on a rigid 36 X 48 tri-fold poster board. Only three posters will be accepted from each school, one in each category.

All employers' names and manufacturer's trade names must be covered or removed from items used on the poster.

Participants shall neither promote nor advertise any commercial organization or products.

Participants should have signed releases as needed.

Posters are to be delivered to the registration desk at the Annual Session **no later than 9AM** on the day of the poster display contest. Any entries submitted after that time will be disqualified.

A sealed envelope must be attached securely to the back of the poster. On the outside of the sealed envelope, place the category of the poster (conventional, comical or educational). This is the only information that should be on the outside of the envelope. Place a card or piece of paper inside the envelope with the full name of each of the participants **printed** (no script), name of the school or local society and the contact person for the school or local society.

A poster display registration form (one form attached – please make copies if necessary) must be completed for the participants and **postmarked no later April 1, 2011.**

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NEW JERSEY DENTAL ASSISTANTS' ASSOCIATION

79th Annual Session

Table Clinics

Please note: Listed below are the rules and regulations for the table clinic presentations to be held at the 2011 NJDAA Annual Session on Saturday, April 9th. The Rules and Awards committee will disqualify any entry that does not comply with all of the following. There will be no exceptions.

Requirements:

Each school may send up to three table clinics.

All participants must be pre-registered. The application is enclosed and must be completed in full. You may make copies of the application if necessary.

There may be any number of table clinic participants in each presentation, as long as the table clinic presented is a minimum of **5 minutes and maximum of 7 minutes**. Each presenter may participate in only one table clinic per Annual Session.

A typewritten outline of the clinic must be prepared and attached to the application.

Material presented must be pertinent to the practice of dentistry.

The title of the clinic should represent the nature of the demonstration.

All employers' names and manufacturer's trade names must be covered or removed from items used in the presentation.

Clinicians shall neither promote nor advertise any commercial organization or products.

Clinicians are not permitted to have patients in the clinic room for treatment use or for use as completed cases

Clinicians must report to the designated clinic room one-half hour prior to the table clinic presentation time. All presentations will be conducted in the designated clinic room.

Clinicians must be dressed in their required school uniforms or proper clinician attire (if from a local component)

Official ADAA pin may be worn on the left side of the uniform.

Limited jewelry (wedding ring, watch and small earrings only)

Make-up should be minimal (clear nail polish only)

Information

If handouts are to be used, please bring at least 50 copies. These copies should be handed out prior to the beginning of the entire table clinic presentation.

Any participant that has not pre-registered may not receive a certificate of participation at the meeting. A certificate will be sent after the meeting.

Anything required for a table clinic must be provided by the presenters or they will have to make the appropriate arrangements for the equipment.

Criteria for judging include:

Table Clinics will be evaluated in the following areas:

1. Title – 10%
 - Attracts Attention
 - Well Constructed
2. Topic/Subject Matter – 10%
 - Relates to Title
 - Conveys Theme/Purpose
3. Content – 30%
 - Current/Accurate
 - Clearly Organized
 - Logical Sequence
 - Presented Within Allotted Time Period
4. Visual Media - 20%
 - Conveys Theme/Purpose
 - Reinforces Content
 - Attracts Attention
 - Well Designed/Constructed
5. Delivery/The Clinician – 30%
 - Speech/Grammar
 - Speaks Clearly and Audibly
 - Establishes Rapport With The Audience (eye contact/enthusiasm)
 - Neatness/ Is Attired As Per Requirements
 - Projects Knowledge And/Or Skills In The Topic
 - Anticipates and Answers Question

REGISTRATION FORM FOR TABLE CLINICS

Type or print only – Each school may send up to three (3) table clinics. All participants must be pre-registered.

Name of local society _____

Name of school _____

Clinic Theme _____

Clinic Title _____

Name of participant(s) ADAA/NJDAA member Student member Local society

Contact person _____

Phone number for contact person _____

Email for contact person _____

Fax # for contact person _____

Send this form to:

Cheryl A. Kovacs, RDA, AAS
24 Fenimore Road
Lumberton, New Jersey 08048
H: 609-261-0554
C: 856-304-1819
jk1063@comcast.net

Form must be postmarked by April 1, 2011. Please make copies of this form if necessary.

NEW JERSEY DENTAL ASSISTANTS' EDUCATORS'
COUNCIL

79th Annual Session

SCHOLARSHIP APPLICATION

Eligibility:

1. The applicant must be enrolled or completed with the last calendar year a dental assisting program that is at least 6 months (600 hours or more) in length and contain clinical instruction. The intent of the applicant must be to pursue a long-term career in Dental Assisting.
2. The applicant must be a member of the New Jersey Dental Assistants' Association.

Procedures for submitting this application:

1. Complete **every** item on this application. Any application that is incomplete will be disqualified.
2. Attach a 150 minimum –200 maximum word essay that responds to one of the following:
 - a. *“Becoming a Dental Assistant is important to me because...”*
 - b. *“ I selected Dental Assisting as a career choice. Now that I have received this education, I am going to apply it by...”*

Do not identify the school name in your essay.

3. Attach a letter of recommendation from a faculty member.
4. Attach proof of good academic (75% or higher) standing for didactic and pre-clinical evaluation. A copy of a transcript or current grade report will be accepted.
5. Attach a copy of your ADAA membership card. A copy of the student's card or a copy of the application with the date it was sent to the ADAA will be accepted.

Personal Data:

Name _____

Address _____

Home Phone (____) _____ SS# _____

Activities:

Please list any academic or social service activities, awards and honors received in the dental assisting program that you attended. You may include any positions in any organizations and extra curricular activities.

Essay:

Please attach your 150-200-word essay. The essay must be typed and double-spaced. Your name should be placed in the lower right hand corner. **Do not indicate the name of the school.**

Proof of enrollment in a dental assisting program:

Start Date _____ Completion Date _____ Name of School

School Address _____ City _____ State
_____ Zip _____

School Phone _____ Signature of the Director

Pledge:

If I am selected as the recipient of this scholarship, I fully expect to complete my education but in the event I do not I pledge to return any funds advanced to me. Funds must be returned within 30 days of your last day of attendance. I PLEDGE that all information on this application is true to the best of my knowledge.

Signature _____ Date _____

All Essays must be sent, and postmarked no later than April 1, 2011 to:

**Cheryl A. Kovacs, RDA, AAS
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Lumberton, New Jersey 08048
C: 856-304-1819**

NEW JERSEY DENTAL ASSISTANTS' EDUCATORS'
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"GRACE BOZZUFFI STUDENT ACHIEVEMENT
AWARD"

The information required for each candidate includes the following:

1. Instructor's professional development evaluation report of didactic and clinical performance
2. A student essay entitled:

"What Dental Assisting Means To Me"

The award recipient will receive dues payment for full membership in the American Dental Assistants Association for 2011 - 2012. The winner will be recognized at the student awards ceremony at the Annual Session. A plaque will be presented to the student at the ceremony.

All recommendations MUST BE POSTMARKED
to the selection committee for review
NO LATER THAN APRIL 1, 2011

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****Schools/Instructors may NOT be identified in any manner****
Revised Criteria: March 2002

