



2023 VASM Michael O'Neill McMunn, DDS  
Distinguished Service Award Application

To be considered for the award the nominee must be a current VASM member in good standing. The VASM Award committee will review each application and the recipient will be notified by email. \* The VASM Board will present the award to the recipient at the VASM Annual Conference in Richmond and it will be announced on the VASM website.

### Application Process

1. Download the Application
2. The **VASM Michael O'Neill McMunn, DDS Distinguished Service Award Application** must include:
  - a. Completed application form
  - b. Nominee's CV
3. The completed application must be received by the VASM **no later than October 2, 2023.**
4. Send the required information to:

**VASM Service Award Committee**

Virginia Academy of Sleep Medicine

Attn: Susan McConnell, Society Manager

[smcconnell@ramdocs.org](mailto:smcconnell@ramdocs.org)

*\*The winner will be notified as soon as possible to allow for arrangements to attend the annual meeting.*

***Please note: Applications with questions left unanswered will be deemed incomplete and will be eliminated automatically from consideration.***



**2023 VASM Michael O'Neill McMunn, DDS Distinguished Service Award Application**

NAME OF NOMINEE:		CREDENTIALS:	
# OF YEARS IN PRACTICE:			
<b>NOMINEE CONTACT INFORMATION</b>			
E-MAIL:			
PHONE (H):			
PHONE (M):			
PRACTICE NAME:			
ADDRESS:			
<b>NOMINEE INFORMATION</b>			
DESCRIPTION OF NOMINEE'S SERVICE THAT HAS IMPACTED THE HEALTH OF THE POPULATION SERVED.			
WHAT, PRECISELY, MAKES THIS NOMINEE SPECIAL?			
PLEASE LIST & EXPLAIN ACTIVITIES, ACHIEVEMENTS, & CONTRIBUTIONS THAT DEMONSTRATE THE NOMINEE'S COMMITMENT TO DENTAL SLEEP HEALTH CARE.			
PLEASE PROVIDE ANY ADDITIONAL COMMENTS OR INFORMATION YOU FEEL WOULD BE BENEFICIAL TO THE SELECTION PANEL.			

I KNOW THE NOMINEE TO HAVE UPHELD THE PROFESSIONAL STANDARDS AND ETHICS OF THE VIRGINIA ACADEMY OF SLEEP MEDICINE THROUGHOUT HIS/HER CAREER.

\_\_\_\_\_  
SIGNATURE OF NOMINATOR

\_\_\_\_\_  
NOMINATOR NAME

\_\_\_\_\_  
NOMINATOR EMAIL

\_\_\_\_\_  
DATE: