



# IFDH Innovation Awards APPLICATION

(See both sides of this document)

## Innovation: *Developed*

I am the:  Applicant (below);  Nominator: Name \_\_\_\_\_ Email \_\_\_\_\_

### Applicant (Print or type)

Name of Applicant: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: Country Code \_\_\_\_\_ Number \_\_\_\_\_

Check one:  Dental Hygienist  Dental Therapist  Oral Health Therapist  Oral Therapist

Name of Innovation: \_\_\_\_\_

### Innovation Summary

- I have included a typed summary of my Innovation (of up to 250 words in English) with this application.
- Photos are attached with my submission.

**NOTE:** Past winners are not allowed to re-submit.

### Questions to Answer

1. What key need does this innovation meet? How big is this need and what will happen if the need is not met?

2. Who is the end user and what is the key benefit for the end user of this innovation?

3. How will this innovation change oral healthcare?

4. Are there other solutions to meet the needs and benefits of your innovation?

11/04/24

**DEADLINE:** Submit no later than December 30, 2024

### Email completed form and summary to:

The International Federation of Dental Hygienists

c/o [membership@ifdh.org](mailto:membership@ifdh.org)

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The International Federation of Dental Hygienists

100 South Washington Street, Rockville MD 20850, USA; • Phone: 240-778-6790 • Fax: 240-778-6112 • Web: [www.IFDH.org](http://www.IFDH.org)



# IFDH Innovation Awards APPLICATION

(See both sides of this document)

## Innovation: *In Development*

I am the:  Applicant (below);  Nominator: Name \_\_\_\_\_ Email \_\_\_\_\_

**Applicant (Print or type)**  
 Name of Applicant: \_\_\_\_\_  
 Country: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: Country Code \_\_\_\_\_ Number \_\_\_\_\_

Check one:  Dental Hygienist  Dental Therapist  Oral Health Therapist  Oral Therapist

Name of Innovation: \_\_\_\_\_

**Innovation Summary**

I have included a typed summary of my Innovation in English (of up to 250 words) with this application.  
 Photos are attached with my submission.

**NOTE:** Past winners are not allowed to re-submit.

Questions to Answer	
1. What key need does this innovation meet? How big is this need and what will happen if the need is not met?	
2. Who is the end user and what is the key benefit for the end user of this innovation?	
3. How will this innovation change oral healthcare?	
4. Are there other solutions to meet the needs and benefits of your innovation?	
5. Does your innovation have any technical issues to solve? How will it be produced? What is the cost for the end user? How will it reach users?	

11/04/24

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