



PRACTICE RECRUITMENT Baseline Questionnaire

Date: _____

Section I Practice Information			
Practice Name:			
Doctor Owner(s):			# of Associates:
Address:			
City:	State:	Zip:	
Email Address:	Office:	Cell Phone:	
Practice Manager:			
Additional Practice Locations: <input type="checkbox"/> N/A			
Unique Information/Features of Practice:			
Section II Opportunity			
Looking For: <input type="checkbox"/> Ortho <input type="checkbox"/> Ped-Dentist <input type="checkbox"/> Other <input type="checkbox"/> Associate <input type="checkbox"/> Partner <input type="checkbox"/> Purchaser		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours Per Week:	
Days Per Week:	Hours of Operation:	\$	Term of Contract:
Compensation Structure:		<input type="checkbox"/> Daily Rate <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Annual Rate	
Bonus Potential:		Interview Travel Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III Candidate Information			
Preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> NA		Will you accept a resident just out of training? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Years Experience Required:	
Specific Training Requirements:(i.e.,Damon, Invisilign, etc.)		Other Requirements of Candidate:	
Section IV Community Information			
<i>This is a baseline questionnaire. The OSI recruiting manager will contact you to get additional information.</i>			