

## COMPREHENSIVE DENTISTRY TRAINING PROGRAM APPLICATION

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Qualifications and year completed: \_\_\_\_\_

Institute: \_\_\_\_\_

### Work History:

	Years	Position	Location/Employer
1			
2			
3			
4			
5			

### Continuing Education:

	Year	Course
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Questionnaire:**

What are your reasons for choosing Dentistry as a career?

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What areas of dentistry do you enjoy the most?

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What areas of dentistry do you enjoy the least?

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How would you define immediate treatment?

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How would you define deferrable treatment?

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How would you define optional treatment?

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Under which circumstances would you refuse to offer treatment to a patient?

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Do you feel that dentistry should be affordable to everyone?

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Do you believe that dentists should be able to charge according to what they feel their service is worth?

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What role do you believe health funds play in the dental industry?

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What level of income do you desire to be paid for your work as a dentist?

	Years Since Graduation									
	1	2	3	4	5	6	7	8	9	10
\$100k										
\$150k										
\$200k										
\$250k										
\$300k										
\$350k										
\$400k										
\$450k										
\$500k										
\$550k										
\$600k										
\$650k										

Do you have a personal warranty policy for the work you perform, and if so, what is it?

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Would you prefer to work in an area where the dental experience and remuneration is exceptional or where the life style is good, and why?

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What is your career objective?

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How would the Comprehensive Dentistry Training Program help you to achieve your career objective?

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