FOR DENTISTS SEEKING PERSONNEL …

Information for DSDS records only:

Name_____________________________________________________________
Address_____________________________________________________________
____________________________________________________________________
Telephone: (_____)________________ Fax: (____)_________________________
Email:_______________________________________________________________

Information as you would like it to appear on the
Public Section of the DSDS website:

Doctor, Staff or Corporation Name______________________________________
Address, Telephone, Fax or Email Address to contact:______________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Position available (include qualifications, hours, days, etc.)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

This information will appear on the Public Section of the DSDS website for sixty
days. Please notify the DSDS office when the position is filled. If the position
has not been filled within sixty days you will need to file this form again.

For DSDS Office Use Only:

Date Form Received_____________
Date Ad Inserted on Website_____________
Date Ad Reinserted on Website_____________
Date Ad Removed from Website_____________