

DSDS CAREER PLACEMENT AUTHORIZATION FORM

(complete and mail or fax (302-368-7669) to the DSDS for inclusion on the Public Section of the DSDS website for sixty days) DSDS, 200 Continental Drive, Suite 111, Newark, DE 19713.

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 _____