Type of Opportunity			
□ Associateship			
☐ Associateship - opportunity for partnership			
☐ Associateship - option to buy in / buy out (specify): Click here to enter text.			
☐ Space for purchase or lease / rent (specify): Click here to enter text.			
☐ Employee (Dentist or Specialist) (specify): Click here to enter text.			
☐ Immediate Buy Out / For Sale (Specify): Click here to enter text.			
☐ Other (Specify): Click here to enter text.			
Type of Practice			
☐ General ☐ Specialty (specify): Click here to enter text. ☐ Solo ☐ Partnership			
☐ Group ☐ Public Health ☐ Community Clinic ☐	Other (Specify): Click here to enter text.		
Date Opportunity Available	Click here to enter text.		
Opportunity Characteristics / Description (# of Operatories, # of employees (Dental Assistants, Dental Hygienists, Office Staff, other			
Dental Professionals), # of active patients, # of new patients practice sees/month, # of patient visits/month, type & age of equipment)			
Click here to enter text.			
Company Website / URL	Click here to enter text.		
Photographs / Virtual Tours Photos and Virtual Tours are recommended: (outside of the building, operatory, reception area, lab and the			
community). You may send digital photos via e-mail or on a disc. Please save as a jpeg file of medium quality or higher. If you have film-based			
photos, they can be sent to the MUSoD Practice Placement Office for scanning.			
Community Description Information you may want to include in your description: Population of community & county, information on			
educational system, economic base of area, major employers in area, recreational & cultural opportunities, distance to nearest airport & other travel facilities, distance to larger community or metropolitan area, area type (agriculture, prairie, urban, rural, lake, coastal, mountain).			
Click here to enter text.			
	Click have to enter tout		
Community Websites / URL  Job Description	Click here to enter text.		
ROLE AND RESPONSIBILITIES			
[Type a description of the essential roles, responsibilities and activities a candidate can expect to assume in this position, using the Details style. For bullets, use the Bulleted List style.]			
QUALIFICATIONS AND EDUCATION REQUIREMENTS			
[Type a description of the work experience and educational background that a candidate should have when applying for position. Use the Details, Bulleted List, and/or Numbered List styles as needed.]			
Preferred Skills			
[Type a description of any additional skills or experience that would be considered favorable for a candidate who is			

## **Practice Opportunity Listing Form**

applying for this position. Use the Details, Bulleted List, and/or Numbered List styles as needed.]				
COMMENTS / ADDITIONAL NOTES ABOUT THIS OPPORTUNITY / PRACTICE				
[Type any additional notes if needed.]				
☐ Full-time ☐ Part-time	Hours per week (# of hours in work week): Click here to enter text.			
Contact Information (CV's / Resumes Accepted By)				
Practice Name/Owner: Click here to enter text.				
Phone: Click here to enter text.				
Fax: Click here to enter text.				
Attention: Click here to enter text.				
Email: Click here to enter text.				
Practice Location / Mailing Address				
Practice Name / Contact: Click here to enter text.				
Location (city, county, state, zip): Click here to enter text.				
If you wish to keep the practice information confidential please indicate who interested parties should contact:				
Click here to enter text.				
For MUSoD Practice Placement Office Use Only				
Reviewed & Approved By:	Click here to enter text.	Date:	Click here to enter a date.	
Posting Expires:	Click here to enter text.			
Last Updated By:	Click here to enter text.	Date/Time:	Click here to enter text.	

The Practice Opportunity listing page is a free service to assist graduating MUSOD dental students, alumni and dental professionals in finding dental opportunities in Wisconsin and nationally as well as to assist dental practices and professionals in locating new associates or potential sale of their practices.

The posting will appear on the webpage: <a href="http://www.marquette.edu/dentistry">http://www.marquette.edu/dentistry</a> under Opportunity Listings as well as in the MUSoD. In order to keep listings current, please notify us as soon as possible of any changes or if your position has been filled or sold. Opportunities are posted for up to 6 months unless notified to remove or renew it prior to the end of the 6 month period, at which time you will be contacted to see if the opportunity is still available. If no response is received, the opportunity will be removed.

<u>Disclaimer</u>: The Marquette University School of Dentistry does not endorse any opportunity listed and shall not be held liable for any misinterpretation or misrepresentation of information listed.

## Return this form and or opportunity description to:

Karen Camara Marquette University School of Dentistry P.O. Box 1881 Milwaukee, WI 53201-1881

Fax: (414) 288-3586 Email: karen.camara@marquette.edu

Please call Karen Camara with questions at: (414) 288-7267

<sup>\*\*</sup>If you are an alumnus and would like to be added to our distribution list, please contact the Practice Placement Office at the email below with your email address to have opportunity notifications sent directly to you.

<sup>\*\*</sup> You do not need to complete this form, rather use it as a tool to create your opportunity description. Please make your listing no longer than one page.