

ASSOCIATE INFORMATION & PREFERENCES

IMPORTANT: The information supplied below will be treated in a confidential manner. You do not incur any obligation by completing this questionnaire. You will not incur any cost or charge associated with our search for an associate position. If you have questions related to this questionnaire, or our services, feel free to contact us by phone or e-mail.

PLEASE PRINT CLEARLY (Fax transmission deteriorates legibility.)

Date: _____
Name: _____ Contact Info: Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ St: _____ Zip: _____ Home Fax: _____
Is Your Inquiry Confidential? _____ E-mail: _____
Check: () General Dentistry or () Specialty: _____ Do you check e-mails frequently? _____

REGARDING THE ASSOCIATE POSITION THAT YOU SEEK:

List towns/cities, or describe areas/locations in which you would consider an associate position:

Describe aspects of a practice that would be important in your selection of an associate position:

Other comments about the position you seek/want: _____

Annual gross production/collection you hope to achieve as an associate: \$ _____ to \$ _____

Income range that you expect as an associate: \$ _____ to \$ _____

By what date do you wish to have an associate position? _____

Are you limited in locations by a restrictive covenant? _____ If yes, for _____ years, in a radius of _____ miles from this address: _____

Do you want the associate position to lead to you assuming an ownership role, either eventually buying the practice, or buying-into the practice to become a partner? () Yes () No

If you do want the associate position to lead to ownership, would you prefer to become a partner, or would you prefer to become the sole owner of your practice, then having full control? () Partner () Sole-owner

How long do you think you would need to be an associate before you think you would be ready to buy or buy-into a practice? _____

How long have you been looking for an associate position? _____ What factors have prevented you from locating one acceptable to you? _____

EXPERIENCE / HISTORY:

Dental school attended: _____ Date graduated: _____ Residency or specialty training programs: () Yes () No --If yes, describe: _____ Date completed: _____

Date obtained dental license for state in which are desire to find an associate position: _____

Months or years experience clinical dentistry? _____

Where are you working now? _____ Are you currently an owner, associate or partner? _____ How long have you worked there? _____ How much dentistry do you currently produce per month? \$ _____

Why would you like to leave your current position? _____

If patient treatment needs were available, what is the upper limit of dentistry that you feel you could produce each month? \$_____ What currently limits your production? _____

Do you have a history of late payments, credit problems, or bankruptcy that could effect your ability to obtain financing for the eventual purchase of a practice? _____

Do you have any past dental board orders, actions, cases, or investigations? () Yes () No If yes, please explain the circumstances, the status, and resolution if presently resolved (Attach another sheet if needed for full explanation) . _____

If you have a resume prepared, please include a copy when you return this questionnaire.

IMPORTANT: To prevent damage to the practices, for practice owners, as well as for the eventual buyers, it is necessary that dental practice sales, and associate additions that may lead to future purchases or buy-ins, be conducted in a confidential manner. If we locate a practice that may interest you, we will likely obtain information that the practice owner / seller wants handled in a confidential manner. Before we release any such information, we need your agreement to treat that information in a confidential manner. Completing the confidentiality agreement below will not cause you to incur any obligation to our Company. You will not incur any cost or charge because of your submission of this agreement.

Confidentiality Agreement:

Rumors or dissemination of "the fact that a practice is for sale", or of other confidential information, can create serious damage and/or loss for the practice seller, and/or in turn harm the eventual buyer. Patients and/or staff may be lost. Confidential information includes, but is not limited to, a dentist's intent to sell, financial / tax data, personal information, patient lists, and information regarding any legal claims or actions. Therefore, we require that you treat all information and data that we provide, about any practice sale or opportunity, with confidentiality. It is acceptable to have information we supply reviewed / evaluated by your accountant, your attorney, and/or any consultant that you may use. However, you should notify them of the confidentiality of the sale, and assure that they also treat the information in a confidential manner. The fact that the practice is for sale should not be discussed with others, beyond the above noted persons who may be necessary for your complete evaluation of the practice opportunity. If after reviewing information that we send, you determine that you are not interested in pursuing purchase of the practice(s), all data and/or information is to be returned to our office by mail. If you wish to see the practice or visit with the owner/doctor, you must contact our office. We will arrange such a visit. You should make no direct contact by visit, telephone or mail that could alert staff or patients that might not yet have been informed of the practice sale. By signing and dating below, you confirm your agreement to the above and that you will maintain this confidentiality.

Facsimile transmitted copies (fax copies) of this Confidentiality Agreement shall be as binding as if they were copies bearing original signatures.

Your Signature: _____ **Date:** _____

Return This Questionnaire By Mail or Fax To:

George D. Stollings & Associates, Inc.

Mail: RR 2 Box 329-A Davis Branch Road

Prichard, WV 25555

Fax: (304) 486-5815

Contact Us If You Have Questions

E-mail: george@gdstollingsassoc.com

PH: (304) 486-5714