

Tufts Alumni Associates Program

QUESTIONNAIRE

To facilitate the placement of a Tufts dental associate in your office, please complete this questionnaire and mail to:
Tufts University School of Dental Medicine
Office of Alumni Relations
136 Harrison Avenue
Boston, MA 02111

Please be sure to let us know when you have filled the position so we can keep our lists current for those interested. Positions will be posted for one year. Either write to the above address, call (617) 636-6773, or fax (617) 636-4052 to notify us of any changes to the job status.

Name: _____

Are you a TUSDM graduate? yes no If yes, year of graduation: _____

Office Address: _____ Telephone Number
() _____
_____ Fax Number
() _____

Number of Office Personnel: _____

_____ Dentists _____ Hygienists _____ Receptionists
_____ Office Managers _____ Lab Technicians _____ Others

I am seeking an associate: part-time full-time

What is the nature of your practice? (i.e. general practice, mostly adults, primarily prosthodontics)

Additional comments you believe may be helpful: _____

Example of listing (some are more descriptive, some less):

Anytown: John Smith D84, 123 Tufts Road, Anytown, US 00000. (999) 555-5555. General practice office is seeking a part time associate for 2 days per week. Office serves mostly adults and is located in a suburban setting. One year residency experience preferred. Qualified person should send CV or direct inquiries to the above address. (date questionnaire submitted)

Yes! My practice is in the Boston area and I am interested in recruiting a 3rd or 4th year licensed student hygienist part time.