

CSPD Opportunities Form

Associates Available

<i>Name and degree(s):</i>
<i>Dental school that granted dental degree:</i>
<i>Pediatric Residency Program:</i>
<i>Date of Graduation from dental school and residency:</i>
<i>Your address:</i>
<i>Your phone, fax and email information:</i>
<i>Your desired area/city of practice:</i>
<i>Other areas/cities of interest:</i>
<i>Additional Information about yourself (i.e. previous dental experience, family, interests, goals):</i>

Associates Wanted

<i>Name of practice and/or dentist to contact(s):</i>
<i>Location of practice:</i>
<i>Date or Dates needed:</i>
<i>Days needed per week needed:</i>
<i>Address of contact:</i>
<i>Phone, fax and email information of contact:</i>
<i>Requirements (i.e. Pediatric Dental Certificate or Graduate of an accredited Pediatric Residency Program, Experience, Oral Sedation Certificate):</i>
<i>Additional information about the practice (i.e. practice description, location description, duties):</i>

Practice for Sale

<i>Name of practice or person to contact:</i>
<i>Location(s) of practice:</i>
<i>Date Available:</i>
<i>Address of contact:</i>
<i>Phone, fax and email information of contact:</i>
<i>Description of practice and other information:</i>

Note: All information to be listed will be confirmed with you prior to posting.

Please fax or mail this form to:

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