



Placement Request Form

Date:

Doctor(s):

Address:

Indiana license#:

(cont'd):

Business phone:

City:

Alternate phone:

State:

Fax:

Zip:

Contact Person:

Email:

Type of practice:

Position(s) needed (Check all that apply):

Registered Dental Hygienist

Dental Assistant, CDA required,

Expanded function required

In need of...

Temporary personnel

Permanent personnel

Date(s) of needed staff:

What type of computer software does the office use?

Office Hours:

Comments or requests: