
ASSOCIATE INTERVIEW QUESTIONNAIRE

GENERAL INFORMATION

NAME: _____ DDS DMD

ADDRESS: _____

PHONE (H): _____ PHONE (O): _____

PHONE (CELL): _____ FAX: _____

EMAIL: _____ PAGER: _____

CREDENTIALS

_____ (UNIV.) _____ (YEAR) _____

_____ (UNIV.) _____ (YEAR) _____

STUDY CLUBS

NAME: _____

NAME: _____

MEMBERSHIPS

STATE/PROVINCE ADA/CDA AGD/FAGD AACD

OTHER: _____

CONTINUING EDUCATION

CURRENT STATUS

UNEMPLOYED NEW GRAD RESIDENCY ASSOCIATE PARTNER

HOW LONG? _____

INTERVIEW QUESTIONS (DENTAL-RELATED)

WHAT PROMPTED YOU TO CONTACT ME ABOUT THIS ASSOCIATE OPPORTUNITY?

WHY ARE YOU LOOKING FOR AN ASSOCIATE OPPORTUNITY AT THIS TIME?

WHY ARE YOU LOOKING FOR A POSITION IN THIS AREA?

WHAT ROLE DO YOU SEE YOURSELF PLAYING IN THE MANAGEMENT OF THE PRACTICE?

WHAT EDUCATION DO YOU THINK YOU WILL NEED IN THE FIRST YEAR OF YOUR ASSOCIATESHIP?

CLINICAL: _____

MANAGEMENT: _____

HOW DOES AN ASSOCIATESHIP FIT INTO YOUR LONG-TERM PLANS?

ARE YOU LOOKING FOR A PART-TIME OR FULL-TIME OPPORTUNITY? FT PT

HOW MANY DAYS PER WEEK DO YOU WISH TO WORK? _____

IF YOU WERE NOT BUSY RIGHT AWAY, HOW WOULD YOU FILL IN YOUR DOWNTIME?

HAVE YOU BEEN AN ASSOCIATE AT OTHER PRACTICES? YES NO

IF SO: (I) WHO WAS THE PRINCIPAL DOCTOR? _____

(II) HOW LONG WERE YOU AN ASSOCIATE? _____

(III) WHAT DID YOU LIKE ABOUT THIS EXPERIENCE? _____

(IV) WHAT DID YOU DISLIKE?

(V) WHY ARE YOU LEAVING? (IF APPLICABLE)

(VI) WHAT IS YOUR CURRENT MONTHLY PRODUCTION? _____

(VII) WHAT IS YOUR CURRENT HOURLY PRODUCTION? _____

DO YOU HAVE A PARTICULAR INTEREST OR APTITUDE IN ANY AREA OF PRACTICE OR SPECIALTY?

EXPLAIN:

ARE THERE ANY AREAS OF PRACTICE YOU FEEL YOU WILL NEED CLINICAL INPUT? YES NO

EXPLAIN:

DESCRIBE THE IDEAL PRACTICE FOR YOU:

DESCRIBE THE TYPE OF PRINCIPAL DENTIST YOU WOULD MOST ENJOY WORKING WITH:

DESCRIBE YOUR IDEAL DENTAL TEAM:

WHAT DO YOU LIKE MOST ABOUT PRACTICING DENTISTRY?

WHAT DO YOU LIKE LEAST?

GENERAL INTERVIEW QUESTIONS

TELL ME ABOUT YOURSELF:

WHAT WOULD YOU SAY ARE YOUR GREATEST STRENGTHS? PROVIDE EXAMPLES:

WHAT AREAS WOULD YOU LIKE TO FOCUS ON FOR PERSONAL GROWTH?

WHAT ARE YOUR PRESENT INTERESTS/HOBBIES?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL ME ABOUT YOURSELF?

QUESTIONS FROM ASSOCIATE CANDIDATE

ARE THERE ANY QUESTIONS YOU WOULD LIKE TO ASK ME?

CLOSING REMARKS

WHEN WOULD YOU BE AVAILABLE TO START IF YOU WERE OFFERED A POSITION? _____

WHAT IS THE BEST WAY TO CONTACT YOU? _____

POST-INTERVIEW NOTES

*For program information, call 800.444.6162
or email practicetransitions@pattersondental.com.*



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