



## Job Posting Form

Please complete and return to Ifloss Coalition. The information you provide will be used to market your community and practice site; therefore, it is important to be as detailed and thorough as possible.

**Ifloss Coalition**  
 1415 E. Jefferson St.  
 Springfield, IL 62703  
 Phone (217) 789-2185  
 Fax (217) 789-2203

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### **PRACTICE SITE INFORMATION:**

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\_\_\_\_\_  
 Name of Practice Site

\_\_\_\_\_  
 Name of Administrative Office (if different)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Administrative Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Contact (person responsible for recruitment)

\_\_\_\_\_  
 Administrative Contact

\_\_\_\_\_  
 Contact's Title

\_\_\_\_\_  
 Contact's Title

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Number of dentists at site:

\_\_\_\_\_  
 Number of dental assistants:

\_\_\_\_\_  
 Number of dental hygienists:

\_\_\_\_\_  
 Number of dental operatories:

Practice type: \_\_\_\_\_ Private

\_\_\_\_\_ Non-Profit

\_\_\_\_\_ Public

Practice description (check all that apply):

Additional practice details:

- 1) \_\_\_\_\_ Solo
- \_\_\_\_\_ Solo w/Assoc.
- \_\_\_\_\_ Single Specialty Group
- \_\_\_\_\_ Multi Specialty Group

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2) \_\_\_\_\_ Community Health Center
- \_\_\_\_\_ Rural Health Center
- \_\_\_\_\_ Migrant Health Center

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 3) \_\_\_\_\_ Hospital Based
- \_\_\_\_\_ Community Based

\_\_\_\_\_  
 \_\_\_\_\_

- 4) \_\_\_\_\_ State Institution/Facility
- \_\_\_\_\_ Health Department

\_\_\_\_\_  
 \_\_\_\_\_

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**COMMUNITY INFORMATION:**

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Community: \_\_\_\_\_ Community Population: \_\_\_\_\_

County: \_\_\_\_\_ County Population: \_\_\_\_\_

HPSA (circle):    Yes        No                      NHSC site (circle):        Yes        No

Nearest Metropolis: \_\_\_\_\_ Distance Away (in minutes): \_\_\_\_\_

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**DENTAL OPPORTUNITIES:**

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*Please indicate the number of opportunities for each specialty and the proposed hire date:*

<u>Specialty</u>	<u>Proposed Hire Date</u>	<u>Full or Part-time</u>	<u>Number Hours/Week</u>
____ DDS/DMD*	_____	_____	_____
____ D. Hygienist	_____	_____	_____
____ D. Assistant	_____	_____	_____
Other _____	_____	_____	_____

\*Specialty or additional specialization required: \_\_\_\_\_

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**ADDITIONAL POSITION DETAILS:**

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Language skills preferred of applicants? Yes \_\_\_\_\_ No \_\_\_\_\_ Which \_\_\_\_\_  
If so, is this a requirement?    Yes \_\_\_\_\_    No \_\_\_\_\_

Vacation (# of days/year): \_\_\_\_\_

Salary Range: \_\_\_\_\_

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature