

PURCHASER / ASSOCIATE

PROFILE

WATSON & ASSOCIATES, INC.

Return to:

- ❑ Terry D. Watson, DDS • 1202 Richardson Dr., Ste. 203 • Richardson, TX 75080
972-235-3043 • 972-783-6501 Fax • twatson@twatsonassoc.com
- ❑ Debra Isman • 2727 Kirby Dr., Ste. 610 • Houston, TX 77098
713-522-6670 • 713-522-7507 Fax • disman@twatsonassoc.com
- ❑ W. Paul Radman, DDS • 1202 Richardson Dr., Ste. 203 • Richardson, TX 75080
972-386-7222 • 972-716-4119 Fax • pradman@twatsonassoc.com
- ❑ Ana Salas-Porras • 4805 Westfield Dr. • Austin, TX 78731
512-451-4471 • 512-451-4438 Fax • asalas-porras@twatsonassoc.com
- ❑ Sherri Henderson Steenson • 921 Circle in the Woods • Fairview, TX 75069
972-562-1072 • 972-562-0379 Fax • shenderson@twatsonassoc.com

DISABILITY INSURANCE AGENT: _____

Firm Name: _____
Address: _____ City/State/Zip _____
Phone Number: _____ May we contact them? Y N

CASUALTY & GENERAL LIABILITY: _____

Firm Name: _____
Address: _____ City/State/Zip _____
Phone Number: _____ May we contact them? Y N

MALPRACTICE CARRIER: _____

Firm Name: _____
Address: _____ City/State/Zip _____
Phone Number: _____ May we contact them? Y N

EDUCATION INFORMATION

| | Institution | Degree | Date Completed |
|---------------------------|-------------|--------|----------------|
| Undergraduate | _____ | _____ | _____ |
| Dental School | _____ | _____ | _____ |
| Graduate School/Residency | _____ | _____ | _____ |
| Specialty Training | _____ | _____ | _____ |

Board Qualified: Y N Board Certified: Y N

PROFESSIONAL PRACTICE EXPERIENCE

A. PRESENT STATUS: Student Graduate Student/Resident
 Associate Private Practicing Dentist
 Military Dentist Other _____

Number of Years in Present Status: _____

If practicing, please describe your present practice situation: _____

B. PAST EXPERIENCE: Associate Number of Years _____
 Practice Owner Number of Years _____
 Other _____ Number of Years _____

License Number: _____ State: _____
License Number: _____ State: _____

State or Regional Boards which you have passed:

Date: _____

Date: _____

_____ Date: _____
Average monthly practice production that you have consistently achieved in the past: \$_____/mo.

Have you ever been found guilty, entered a plea of "no contest", or been a party to a consent degree with regard to a:

| | | |
|--|-------|-------|
| Malpractice Claim? | ___ Y | ___ N |
| Crime involving moral turpitude? | ___ Y | ___ N |
| Criminal or civil litigation involving substance abuse? | ___ Y | ___ N |
| Charge of Fraud or Tax-Avoidance with regard to any Federal or State taxes? | ___ Y | ___ N |
| Have you been the subject of any disciplinary proceedings by the State Dental Board? | ___ Y | ___ N |
| Are there any unsatisfied judgments against you or any business you have owned? | ___ Y | ___ N |

If Yes, please explain: _____

HEALTH INFORMATION

Do you require any reasonable accommodations in order to perform the essential functions of the position for which you are applying? ___ Y ___ N

Do you currently have any infectious diseases that ethically you feel should be disclosed to potential patients? ___ Y ___ N

If Yes, please explain: _____

PRACTICE SPECIFICATIONS

A. LOCATION PREFERENCE:

___ No Preference ___ Medium Sized Community
___ Smaller Community ___ Major Metropolitan Urban or Suburban Area

Please list your preferences by priority

| AREA | CITY |
|--------------|--------------|
| First _____ | First _____ |
| Second _____ | Second _____ |
| Third _____ | Third _____ |

Preference: ___ Professional Building ___ Strip Center
 ___ Stand Alone ___ Other _____

B. PRACTICE CHARACTERISTICS:

Desired Situation: Association Purchase Practice Startup
 Associate w/Buy-Out Associate w/Buy-In

Availability Date: _____

Income Requirement: Minimum \$ _____ Desired \$ _____
 Present Income \$ _____

Gross Production: \$ _____

Number of Operatories: _____ Number of Staff: _____

Importance of Equipment Age: _____

Other specifications you may require: _____

Time-Frame of Acquisition: _____

ADDITIONAL REQUESTED INFORMATION

Please attach a copy of each of the following:

- Texas Dental License DEA Permit
- Curriculum Vitae Alien Registration Card

Please indicate any other special preference, notes or instructions:

I acknowledge and agree that the information provided in this form is intended to be and will be disclosed to persons (including corporations, partnerships, firms and other individuals) for the purposes contemplated and that Watson & Associates shall have no liability for any claims, demands or action arising in connection herewith.

To the best of my knowledge, all of the information I have provided is accurate and correct.

Please Print Your Name

Signature

Date