



Mentee Application

For more information call or email
336-766-4017 | reception@dentalofficesolutions.com

Please return completed application to:
Stephanie Laverde, CE Coordinator
Fax: 877-840-4367
Email: reception@dentalofficesolutions.com

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

When are you available to take part in mentoring activities?

What are your short (1 – 2 years) and long (3 – 5 years) term career goals?

SKILLS, EXPERIENCES AND KNOWLEDGE

Please check all skills, experiences and knowledge areas in which you have experience:

- Implant Placement
- Suturing
- Periodontal Surgery
 - Connective Tissue Grafting
 - Bone Grafting
 - Periodontal Plastic Surgery
- Oral Surgery
 - Atraumatic Extraction
 - Use of Osteotomes
- Oral Anatomy
- Implant Prosthetics
 - Occlusion
 - Prosthetic Design
- Cone Beam CT
 - Interpretation
 - Planning
- Staff Training and Motivation

Please list skills, experience and knowledge areas in which you would like to receive mentoring.

What do you hope to learn, understand, or be able to do better as a result of your experience as a mentee?

MISCELLANEOUS

Have you served as a mentor or mentee in the past? If so when? Please describe your experience.

What are your expectations of the DOS Mentoring Program? Why do you want to participate in the program as a mentee?

What steps have you taken to enhance your implant placement and surgical skills over the past 2 to 3 years?

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