



Practice Level Requisition Form

Complete this form in its entirety and submit to your Regional Leader, careers@selectdentalmanagement.com and HR@selectdentalmanagement.com. A member of the recruiting team will contact you if there are any additional questions. Recruitment will commence upon receiving this form.

Position Details

Reason for role: Replacement Net Add Net add requires Finance Approval below

Practice Leader: _____

Position needed/hiring for: _____

Location (if more than one, please list all):

Certifications/licenses required (please list any state-specific requirements):

Desired Skills (in addition to the job description if applicable):

Practice Management Software: _____

Manages Others: Yes No

Compensation and Schedule

Employee Type: Full Time Part Time Per Diem

Schedule/hours: _____

Recommended Salary range \$ _____ Hourly Salaried

Preferred Start Date: _____

Other

*If Human Resources does not have a job description, please provide one.

Other Details: _____

Approval

Name of Regional Leader: _____ Regional Leader Approval: Yes No

Finance Approval for Net Add positions: Yes No

Practice Leader Signature: _____ Practice Leader Signature:

Date Submitted to Recruiting/HR: _____