

**ADVANCED DENTAL EDUCATION
PERSONAL DATA SHEET**

Your Name _____

I EMPLOYMENT INFORMATION

Upon graduation from advanced dental education I:

- | | |
|--|--|
| _____ Am working as an associate dentist | _____ Went into Government Service |
| _____ Purchased a practice | (Branch: _____) |
| _____ Opened a practice | _____ Became faculty at another University |
| | (Where: _____) |
| _____ Did Mission Service | _____ Went on to pursue further education |
| _____ Was unable to find work | _____ Become faculty at LLUSD |

If you currently do two or more of the above, please tell us how much time you spend on each: (Example: 50% Faculty; 50% Work as an associate dentist):

How long did it take you to gain employment upon graduation from the advanced education program? (Example: 1 month or 1 year)

I currently live & work in the following location: (Please indicate city & state)

II FORWARDING ADDRESS

Address _____

City _____ State _____ Zip _____

Telephone _____

Preferred E-mail _____