



Association of Retiring Dentists

Transitioning the Lives of Dentists

Checklist for Volunteers

Sponsoring organization _____

Site Location _____

Name/contact information of Project Director

Affiliation? Religious or secular _____

Duration of
program _____

Number of years in operation _____

Types of services
offered _____

How many dentists for this event? (GPs, specialists)

Hygienists _____

Non-dental
(specify) _____

Service for equipment

How are equipment failures managed?



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Approximate Cost (including travel, dental supplies, accommodations, meals, fees and incidental expenses)

Licensure requirement Yes _____ No _____

Vaccinations or preventive medications needed

Predominant language (If not English, are there enough interpreters)

Describe the Facility/Dental clinic: (equipment, x-ray, fixed/portable, hi-volume evacuation, operator light, compressed air, utilities (potable running water, reliable electricity [either public utility or generator]))

Infection control (sharps disposal, barriers) _____

Sanitation (lavatories, outhouses, running water)

What supplies are dentists expected to bring or send ahead of time?
(disposables, instruments, pharmaceuticals, equipment)



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Clinical emergency management plan for patients _____

Emergency management/evacuation plan for volunteers _____

Personal safety (Is this in a dangerous area?) _____

Opportunities for pre/post travel, sightseeing? _____

Safety of non-dentist spouse? _____

Official travel warnings? _____

Contact previous participants? Yes _____ No _____

Names/contact info _____

On site host: Name, Contact info: _____
