



Association of Retiring Dentists

Transitioning the Lives of Dentists

Volunteer Review of Experience

Name of project _____

Sponsor _____

Location _____

Dates of participation _____

Ratings: **Worst** 1 2 3 4 5 **Best**

Sponsor

How well were your pre-experience questions answered? Such as the necessary documents, and immunizations. 1 2 3 4 5

How well were you greeted upon arrival? 1 2 3 4 5

How well were your general expectations met? 1 2 3 4 5

How well did the quality of the facility meet your expectations? 1 2 3 4 5

Rate the adequacy of equipment, supplies and instruments. 1 2 3 4 5

Support Personnel

Rate the adequacy of Administrative support personnel. 1 2 3 4 5

Rate the adequacy of Clinical support personnel. 1 2 3 4 5

Range of services

How accurately did sponsor describe anticipated range of services? 1 2 3 4 5

How well were you able to deliver care (equipment, supplies, etc.)? 1 2 3 4 5



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How adequate was support for complications (hospital, specialists) 1 2 3 4 5

Accommodations

How accurately did sponsor describe accommodations, meals? 1 2 3 4 5

Comments _____

Rate recreational and/or cultural activities nearby. 1 2 3 4 5

Rate your feeling of safety. 1 2 3 4 5

Summary

How much value do you feel you provided? 1 2 3 4 5

How valuable was the experience to you? 1 2 3 4 5

How do you feel about the balance between time spent delivering care and “off time”?

How comfortable are you with the cost of the project?

For dentist? 1 2 3 4 5

For other personnel accompanying dentist? 1 2 3 4 5

How strongly would you recommend this project to a colleague? 1 2 3 4 5

Would you do this project again? Yes ___ No ___

May we contact you? Yes ___ No ___ Contact info: _____

Comments: