

Dental Partner Application



Applicants must submit:

A Head-shot photo

Two typed letters of reference

Copy of valid state dental license

Copy of current professional liability insurance policy

Copy of current DEA registration

Copy of current Curriculum Vitae

The applicant is a qualified and deserving candidate to serve for Smiles for Hope Foundation because (please limit answer to space provided.)

General Information:

Applicant's Full Name: _____

Date of Birth: _____ Male/Female: _____

Home Address: _____

Office Name: _____ Year Established: _____

Office Address: _____

City: _____ State _____ Zip Code: _____ County: _____

Tax ID # _____ Dental License # _____

Soc. Sec. # _____ E-mail Address: _____

Phone number: Home _____ Office: _____

Fax: _____ Cell _____

Practice Information

Practice Type: General Dentistry/Pediatric Dentistry/Oral Surgery
Endodontics/Periodontics/Prosthodontics

Education and Training:

Undergraduate Degree: _____ School: _____ Year: _____

Graduate School Degree: _____ School: _____ Year _____

Dental School Degree: _____ School: _____ Year: _____

Specialty Certificate/Degree: _____ School: _____ Year: _____

Types of dental treatment(s) to be provided: _____

Professional Memberships/Associations

Awards/Certifications/Advanced Training

Please mail completed form with photo and reference letters to:

Smiles for Hope Foundation

4250 Alafaya Trail, Suite 180

Oviedo, FL 32765

Questions Please Call: 407-359-1960, or email Info@Lach-Ortho.com

Applications, pictures and supporting documents will not be returned and become property of Smiles for Hope Foundation.