MDPstaffing.com

Dental Referral Agency since 1988

Deborah Barigian, Owner 1 Blackfield Drive, #144 Tiburon, CA 94920 (415) 339-0575 MDPstaffing@icloud.com



Probation to Direct Hire Terms Motivated Dental Professionals

Dentist name:		Date:	
Dentist's signature:		Date:	
Temporary assignee's Name:	License:	Expiration:	

PHASE 1.

Probation to Direct Hire

Assignee's work dates: Starting _____, MDP Probation begins. MDP probation is based on days per week for 6 weeks. _____ working days are required to complete and satisfy MDP's mandatory probation. You will be charged MDP probation fees of \$82.00 per day regardless of hours worked during the 6-week probation period. If the probation is terminated early, you will only be charged for actual days ______ has worked. This is required and NON-NEGOTIABLE. NO REFUNDS.

During probation, ______(name) will be working as a MDP temporary. MDPstaffing charges for probation will be at \$82/day for _____ days = \$_____.

During 6-week probation MDP will email you 3 evaluations to complete and return to MDPstaffing@icloud.com.

Days _____(name) would be working each week as follows: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday Any additional days worked must be called in to MDP. Additional charges apply.

PHASE 1. Probation days

MDP fee = \$82.00/day: 1 day/week = 6 days probation 2 days/week = 12 days probation 3 days/week = 18 days probation 4 days/week = 24 days probation 5 days/week = 30 days probation

PHASE 2. Complete Direct Hire

In addition to the \$82/day fees in Phase 1, upon completion of MDP probation of _____ working days, **you will be charged the direct hire fee below per number of weekly days to be**

worked. If both parties are in agreement, MDP Direct Hire Fee is due and payable.

\$_____ for _____ days a week.

Phase 2. Direct Hire Fees Applies to:

DDS & RDH

1 day a week = \$1,800.00 2 days a week = \$3,600.00 3 days a week = \$5,400.00 4 days a week = \$7,200.00 5 days a week = \$9,000.00

RDAEF, RDA, CDA, DA and Front Office

1 day a week = \$1,500.00
2 days a week = \$1,800.00
3 days a week = \$2,100.00
4 days a week = \$2,400.00
5 days a week = \$2,700.00

MDP has no guarantees of longevity nor do we give refunds.

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Evaluation Form

Dentist:

Name: _____

_Title: _____

This form is for the Dentist to complete and is meant to help evaluate the job performance of the MDP Referred Assignee. Please print out form, rate the assignee, and email back to <u>MDPstaffing@icloud.com.</u>

Assignee's Position:	: Front Desk O	Chair-side Asst. ${f O}$	Hygienist ${f O}$	Dentist ${f O}$
Status:	Temporary ${f O}$	Probation \mathbf{O}	Direct Hire O	

P - Poor, F - Fair, G - Good, E- Excellent, N/A - Not Applicable Please mark appropriate response to each category. Additional space is for comments you would like to elaborate on.

General for Back Office Staff

Arrives on time	ОE	ОG	OF	ОP	<u>O N/A</u>
Appearance	ΟE	ОG	OF	ΟP	O N/A
<u>Team player</u>	ΟE	ОG	OF	ОP	<u>O N/A</u>
Ability to handle pressure	ΟE	ОG	OF	ОP	O N/A
Communicates effectively	ΟE	ОG	OF	ОP	<u>O N/A</u>
Complies with OSHA and CDA requirement	ts O E	ОG	OF	ΟP	<u>O N/A</u>
Stays on schedule	ОE	ОG	OF	ΟΡ	O N/A
Follows directions	ОE	ОG	OF	ΟΡ	O N/A
Patient rapport	ОE	OG	OF	ОP	O N/A
Process digital x-rays	ΟE	ОG	OF	ΟP	<u>O N/A</u>
Assists other staff when time permits	ОE	ОG	OF	ΟP	O N/A
Liked by staff	ОE	OG	OF	ОP	O N/A
Open to suggestions	ΟE	ОG	OF	ОP	O N/A
Meets office production goals	ОE	ОG	OF	ΟP	<u>O N/A</u>
SRP Patients	ОE	OG	OF	ΟΡ	O N/A
Educates patients on their hygiene	ОE	OG	OF	ОP	O N/A
Perio charting	ОE	ОG	OF	ΟΡ	O N/A
Laser certification	ОE	OG	OF	ΟP	O N/A
Proper documentation	ΟE	OG	OF	ΟP	O N/A
EF Duties	ΟE	OG	OF	ΟP	O N/A
	ОE	OG	OF	ОР	O N/A

General Office

Good phone rapport	ОE	O G	OF	ОP	<u>O N/A</u>
Accurate appointment scheduling	ΟE	OG	OF	ОP	<u>O N/A</u>
Skilled in computer software	ΟE	OG	OF	ОP	<u>O N/A</u>
Punctual and good attendance	ΟE	OG	OF	ОР	<u> </u>
Generates ins. Forms	ΟE	O G	OF	ОP	<u>O N/A</u>
Proper documentation of treatment plans	ΟE	O G	OF	ОP	<u>O N/A</u>
Collects patient responsibility	ΟE	OG	OF	ОP	<u>O N/A</u>
Implements recalls	ΟE	OG	OF	ОP	<u>O N/A</u>
Accurate filing of charts	ΟE	OG	OF	ОP	<u>O N/A</u>
Generates reports for dentist	ΟE	OG	OF	ОP	<u>O N/A</u>
Keeps waiting room neat	ΟE	OG	OF	ОP	<u>O N/A</u>
Greets patients warmly and politely	ΟE	ОG	OF	ОР	O N/A

Using the rest of this Evaluation Form, please feel free to list skills assignee accomplished well and those that need improvement, as well as any other comments you might have. Thank you.

Please let us know how your overall experience was working with MDstaffing.

Evaluation on ______during her MDP ____days Probation to Direct Hire.

Referrals we send to an office always have to go through MDP.

Do you now wish to hire the assignee directly?

NO _____If No, reason_____

YES_____

Dentist Signature	Dat	1DP