



ADMC

ACADEMY OF
DENTAL MANAGEMENT
CONSULTANTS

Member Listing

Member Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Website _____

Facebook (provide URL) _____

Twitter (provide URL) _____

LinkedIn (provide URL) _____

YouTube (provide URL) _____

ADMC Member since (year joined) _____

Bio Info (up to 250 words TOTAL)

Expertise Topics: (Please Choose Up to 10)

Topics should represent areas of CONSULTING FOCUS

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Addiction/Substance Abuse | <input type="checkbox"/> Group Practice | <input type="checkbox"/> Practice Analysis |
| <input type="checkbox"/> Business / Financial | <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Case Acceptance | <input type="checkbox"/> HIPAA | <input type="checkbox"/> Practice Transitions |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Productivity |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Implant Dentistry | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Implementation | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Comprehensive Dentistry | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Restorative Dentistry |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Insurance/Collections | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Copywriting and Design | <input type="checkbox"/> Integrative Dental Medicine | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Laser Dentistry | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Demographics | <input type="checkbox"/> Leadership | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Marketing | <input type="checkbox"/> Speaking (Public) |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Medical Emergencies | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Dental Imaging | <input type="checkbox"/> Medical-Dental
Collaboration | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Dental Law | <input type="checkbox"/> New Dentists | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Digital Records /
Recordkeeping | <input type="checkbox"/> Office Design | <input type="checkbox"/> Team Development |
| <input type="checkbox"/> Efficiency | <input type="checkbox"/> Office Lease/Purchase | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Embezzlement/Fraud | <input type="checkbox"/> Oral Cancer | <input type="checkbox"/> Teledentistry |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Training Skills |
| <input type="checkbox"/> Emotional Intelligence | <input type="checkbox"/> Oral Systemic Connection | <input type="checkbox"/> Treatment Planning/
Presentation |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Ultrasonics |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> OSHA | <input type="checkbox"/> Website Design/
Optimization |
| <input type="checkbox"/> Esthetic Dentistry | <input type="checkbox"/> Pediatric Dentistry | |
| <input type="checkbox"/> Frontline Skills | <input type="checkbox"/> Periodontics | |

Return Completed Listing Form with Headshot Photo to: info@ADMC.net

(Headshot Photo must be at least 500 x 500 pixels, 72 dpi)