



## INFORMED CONSENT FOR ASSESSMENT DAY INTERVIEW

I, \_\_\_\_\_, agree to be interviewed and perform in an assessment day interview in order to be considered for placement in the position of \_\_\_\_\_ with \_\_\_\_\_ dental practice.

\* \_\_\_\_\_ I understand the responsibilities of the above named position. The responsibilities and expectations have been explained to me in full detail. I am fully aware that I will not be expected to perform any clinical duties or make any administrative decisions on my own during the assessment interview. If the position is a clinical one, I will only perform under the guidance of a dentist or licensed clinician. If the position is an administrative role, I will not discuss treatment or financial options, schedule treatment, or enter any financial payments/adjustments in the practice records without guidance from a doctor or office manager or named trusted employee. This time is strictly held for evaluation, *not* paid performance.

\* \_\_\_\_\_ I understand that this assessment day is not under any circumstance an agreement of hire. It is being held as an evaluation for the benefit of: the hiring practice and team, and myself. This is strictly a time that I may be evaluated on my knowledge of the field and responsibilities of the specific position. It is also a time that I am able to evaluate the working environment to determine if it is a desirable place for me to seek employment.

\*I have agreed upon compensation for the assessment day with the hiring doctor/manager, and the agreement is as follows:  
(Doctors please choose accordingly, Candidates please initial as applies)

(a) \_\_\_\_\_ I understand that there will be no compensation for the assessment day as it is a part of the interview process. \_\_\_\_\_ hours.

(b) \_\_\_\_\_ I will be paid half of the hourly pay that has been discussed as potential pay range for this position, as the assessment day benefits both the practice, and myself. I will be paid in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ hours.

(c) \_\_\_\_\_ I will be paid the full amount that has been discussed as potential pay range for this position in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ hours.

\* \_\_\_\_\_ I understand that I am solely agreeing to an assessment interview process. I am not an official employee of the practice. I will not have any right or be entitled to Unemployment compensation should the practice decide not to hire me or should I turn down the position.

Confidentiality:

\* \_\_\_\_\_ I understand that any details discussed during my initial interview or assessment day interview will be kept strictly confidential between myself, and the doctor or hiring manager. I will not share details of my interview, salary requirements, or special benefits with any members of the team during my assessment interview or thereafter. I understand that if I have broken this confidentiality at any time, it could mean automatic grounds for non-consideration for the position, or upon hiring, termination from the position. I understand that the same rules apply for any information received regarding any individual, employee or patient of the practice, whether it be clinical, financial, personal or otherwise. I understand that it is a privilege to be considered for this position and will conduct myself in a professional manner.

\* \_\_\_\_\_ By signing the document below, I state that I have read and understand all sections of this agreement.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Doctor or Hiring Manager

\_\_\_\_\_ Date \_\_\_\_\_  
Witness (optional)

Notes: