

Accountability Agreement: Dentist

I _____, understand that my responsibilities as a Dentist include, but are not limited to the duties listed on the following documents:

1. Dentist Job Description

Additionally I am aware of Capital Dental's core values as listed below and will strive to conduct myself in a manner consistent with these values:

Capital Dental Core Values:

- Fantastic guest experience
- Always be improving
- Hungry & Humbly confident
- Have each other's backs

Team member Signature: _____ Date: _____

Practice Owner (CEO)

Signature: _____ Date: _____