



CROWN COUNCIL

Creating a *Culture of Success™* in your practice

FAST TRACK QUALIFIED MEMBER CHECKLIST

To be recognized with the Qualified Members at the 24th Annual Event of the Crown Council at the Red Rock Resort in Las Vegas, NV on February 8, 2019, all certification forms must be received at the Crown Council office NO LATER than:

NOVEMBER 30, 2018

No exceptions can be made to this deadline.

Be sure that all documentation is complete. All incomplete packets will be returned. Your packet must contain at least:

- Four (4) Page Crown Council Qualified Member Certification Form.
This form must be completely filled out and signed in the appropriate places to certify your Qualified Member Status.
- Twelve (12) Patient Feedback Forms
- One (1) Clinical Evaluation (Lab) Form
- One (1) Clinical Evaluation (Dental Office) Form
- Continuing Education Planning Form
- Financial Plan Certification
- Color photograph suitable for publication (4" X 6" is best)

If you have questions, call Greg Anderson at (800) 276-9658.

FAST TRACK

Qualified Member Certification

You must meet all eight of the Crown Council Qualified Member Requirements within any 6 month period to be considered for Qualified Crown Council status. You must re-qualify each year you wish to be designated a Crown Council Qualified Member. Any member completing the requirements and submitting the appropriate documentation on or prior to NOVEMBER 30, 2018 may be considered for recognition with the Qualified Membership at the 24th Annual Event on February 08, 2019.

This certification form must be submitted with the appropriate documentation.

1. PATIENT FEEDBACK: I use a feedback questionnaire to constantly measure patient satisfaction. Attached is a compilation of at least 12 questionnaires filled out by different patients with at least six coming from two separate months spaced at least three months apart. We have taken the following actions and made the following changes during the past year in our practice as a result of feedback from our patients.

(Actions taken during the past year as a result of patient feedback)

2. TEAM EVALUATION: We have held internal evaluations with our dental office team at least twice during the past year. Below is the signature of each team member certifying and a summary explanation of the changes in team performance.

(Team signatures)

A brief summary of changes in team performance:

3. CLINICAL EVALUATION: I have met at least twice during the past year in a clinical evaluation with my principal laboratory(s). We have evaluated how the clinical work and the overall relationship can be enhanced to increase the quality of the total dental work produced. Attached are the *Clinical Evaluations (Lab)* and the *Clinical Evaluation (Dental Office)* forms filled out during our meetings. Below are the actions taken through the year to improve our relationship.

(Actions taken through the year)

4. TEAM MEETING: Our team has held meaningful, regular team meetings. Below are the signatures of each team member so certifying and also a summary explanation of the changes in the team performance resulting from our meetings.

(Signatures)

A brief summary of changes in team performance:

5. CROWN COUNCIL STUDY GROUP: I have met at least four times (either in person or via conference call) with my Mastermind Group to exchange information and get feedback on my clinical, management and people/marketing skills.

(Actions taken as a result from my Study Group meetings)

6. CONTINUING EDUCATION: I have at least a two-year written continuing education plan that shows a balance between clinical, management and people/marketing skills training for my entire team. *My Continuing Education Planning Forms* are attached that include the plan carried out during the past year and the scheduled plan for next year. I have rated the courses that I have attended. Listed below are the specific actions that I have taken in my practice as a result of the courses attended.

(Actions taken during the past year as a result of patient feedback)

7. FINANCIAL PLAN: I have a written financial plan with specifically defined financial goals and the steps to be taken to ensure a secure retirement. Attached is my *Financial Plan Certification Form* signed by my financial advisor or (CPA) that I have met my yearly financial goals.

8. DOING GOOD: Submit to the Crown Council your plan for DOING GOOD through Smiles for Life or another cause you deem to be worthwhile. Give the background of the plan, what you did, and how it fits in with the purpose of your organization.

I certify that I have met all of the requirements to become a Qualified Member of the Crown Council and submit this Certification Form and its attachments as my application for Qualified Membership. I understand that this form must be submitted on or prior to NOVEMBER 30, 2018 to be recognized as a Qualified Member of the Crown Council at the 24th Annual Event.

DATE:
SIGNATURE:
PRINT NAME:

FOR CROWN COUNCIL OFFICE USE ONLY

Approval Signature of the Crown Council Certification Board:
Final approval by Crown Council Director:
Notification Sent to Qualified Member:

