
PROFESSIONAL PRACTICE CONSULTANTS OF N.J., INC.

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WEB SITE: WWW.PPCNORTH.COM**General Information and Location Preference**

Date _____ Indicate where you prefer we direct our correspondence to you: _____ Home _____ Office

Name _____

Office Address _____ City/State/ZIP _____

Home Address _____ City/State/ZIP _____

Office Phone () _____ Home Phone () _____ Fax () _____

Best time to reach you at office _____ Best time to reach you at home _____

Present Practice Situation: ___ GP ___ Specialty (specify) _____

Situations Considered: ___ Associate ___ Purchase partial ownership ___ Purchase entire practice ___ Associate with buy-out

Patient Preference: ___ Blue collar ___ Middle class ___ Upper middle class

Date of Availability _____

Marital Status ___ Single ___ Married Spouse Name _____ Number of Children _____

Year of Graduation _____ School of Graduation _____ Date of Birth _____

Which state or regional boards do you hold? _____

Minimum income you require _____

Gross revenues of practice you are looking for: Minimum _____ Maximum _____

Price range of practice you are looking for: Minimum _____ Maximum _____

Annual gross you are capable of performing _____

Location Preference:

- ___ Northern NJ
- ___ Central NJ
- ___ Southern NJ
- ___ PA
- ___ CT
- ___ NY

- ___ Major metropolitan urban and suburban area
- ___ Medium/large city outside of major metro area
- ___ Smaller community (below 50,000)
- ___ Rural
- ___ No preference

Will you consider buying part of a practice? ___ Yes ___ No A partnership? ___ Yes ___ No

How did you hear about PPC? _____

Financial Down payment available _____
Will family provide financial assistance/co-sign loans? ___ Yes ___ No
Will you buy real estate? ___ Yes ___ No
Will you consider home/office? ___ Yes ___ No
What amount of personal debt do you currently have? \$ _____

Attorney _____ Accountant _____

Professional Any malpractice suits? ___ Yes ___ No
Any litigation or threat of same? ___ Yes ___ No
Any State Board action? ___ Yes ___ No

State(s) licensed in _____
Honors and awards _____
Professional organizations/fraternities _____

References Name _____ Position _____ Phone () _____
Address _____
Name _____ Position _____ Phone () _____
Address _____
Name _____ Position _____ Phone () _____
Address _____

Employment History and Compensation Formula
(List latest position first)

Military Experience Branch _____ Dates _____ Position _____
Did you receive an Honorable Discharge? ___ Yes ___ No

Personal Interests Hobbies and Interests _____

Signature _____ Date _____
