

### QUESTIONNAIRE

#### KDM DENTAL COLLEGE INTERNATIONAL INC. DENTAL ASSISTING PROGRAM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

1. Please state your reasons for considering the profession of a dental assistant.

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\_\_\_\_\_  
\_\_\_\_\_

2. Please state what qualities you believe a dental assistant should possess.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What positive attributes and strengths would **you** possess as a dental assistant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Dental assistants are an essential part of the healthcare team. What does it mean to you to be a team player? Do you consider yourself a team player?

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\_\_\_\_\_  
\_\_\_\_\_

**Questionnaire – Dental Assisting Program (cont'd)**

5. What past experience have you had being a member of a team?

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6. Dental offices require flexibility and adaptability. Do you consider yourself someone who easily adjusts to change?

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7. Compassion and understanding are very important qualities for a dental assistant to possess. Provide a situation when you demonstrated these qualities.

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8. Working in a dental office can be stressful. How do you handle stress?

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9. How would you handle tension in a dental office?

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10. Do you have any related healthcare experience? If so, please describe below.

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**Questionnaire – Dental Assisting Program (cont'd)**

11. Have you ever cancelled enrollment in or been terminated from a dental assisting program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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12. The dental assisting program may require additional study time after regular class hours during the week. Are you prepared to commit the time needed to successfully complete the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. How often do you visit a dental office for routine examinations?

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14. What are your future goals?

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15. Is there any other information you would consider relevant to your application? Is there anything else you need to know about the dental assisting profession?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing the questionnaire. Upon review of the questionnaire, an admissions officer will contact you for an interview.**