

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.

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?

Questionnaire – Dental Assisting Program (cont'd)

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

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

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

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

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

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

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:

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?

14. What are your future goals?

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?

Signature: _____

Date: _____

Thank you for completing the questionnaire.