TRAINING AND EXPERIENCE EVALUATION
REGISTERED DENTAL ASSISTANT

The answers to the questions below will be used to evaluate your education, training and/or experience as it relates to the position of Registered Dental Assistant. You will receive a rating of 70% for meeting the minimum qualifications. Additional points will be awarded to candidates who possess job-related education, training and/or experience beyond the minimum qualifications.

1. Have you ever worked as a Dental Assistant? _____ Yes _____ No
   If yes, please indicate (b) where and length of time.
   _____ Hospital _____ Years _____ Months
   _____ Community Clinic _____ Years _____ Months
   _____ Private Dentist _____ Years _____ Months

2. Have you ever worked as a Dental Assistant at any other location? _____ Yes _____No

3. Have you ever taken x-rays of teeth and jaws and developed the film? _____ Yes _____ No

4. Have you ever sterilized instruments, utensils, dressings and equipment? _____ Yes _____ No
   Please indicate method or type of procedure used: _____
   _____
   _____

5. Are you familiar with Universal Blood/Body Fluid precautions? _____ Yes _____ No
   Describe: _____
   _____

6. Have you ever performed any of the following chair-side duties?
   (a) Prepared patients for treatment and examination? _____ Yes _____ No
   (b) Passed instruments and materials to dentist? _____ Yes _____ No
   (c) Provided oral suction, retraction and assistance during oral surgery? _____ Yes _____ No
   (d) Mixed cements, silver amalgams and impression materials? _____ Yes _____ No
   (e) Coronal polishing? _____ Yes _____ No

7. Have you ever performed any of the following Dental Assistant duties?
   (a) Reviewed patients' record to determine appropriate instruments and materials? _____ Yes _____ No
   (b) Taken pre-impressions for dentures? _____ Yes _____ No
   (c) Provided post-operative instructions to patients? _____ Yes _____ No
   (d) Cleaned dental rooms and equipment? _____ Yes _____ No
   (e) Maintained patient records? _____ Yes _____ No
   (f) Scheduled patients? _____ Yes _____ No
   (g) Inventoried and ordered supplies? _____ Yes _____ No
   (h) Applied topical fluoride to teeth? _____ Yes _____ No

7. Please give the name, address and phone number of persons who may be contacted to verify the above information._____
   _____
   _____

8. Have you ever been convicted of a federal crime, as defined in 42 U.S.C. Section 1320a-7(i), or been subject to an exclusion action? Yes____ No_____

   If yes, please explain:_____
   _____
   (Convictions are not an absolute bar to employment. Each case will be evaluated on its own merits.)

9. I certify that the above information is true, complete and correct to the best of my knowledge.

_____ _____
Date Signature of Applicant