Dental Assisting Student - 2017
Demographic Profile for ADA/CODA Accreditation Survey

This demographic survey is being used for information needed to complete the American Dental Association Annual Survey of Dental Programs and for newsletter releases for the Redwood Empire Dental Society.

Thank you for your cooperation.

Print Name ___________________ 11 month ____ 22 month ____

Please Circle the best answer for each question

1. **Sex**
   - male
   - Female

2. **Please circle that best describes your age range:**
   - 23 and under
   - 24 to 29
   - 30 to 34
   - 35 to 39
   - 40 and over

3. **Please circle the citizenship that best describes your status:**
   - US citizen
   - Canadian citizen
   - Non-resident alien
   - Resident alien
   - other

4. **What is the highest level of education you have completed?**
   - High school diploma
   - less than one year of college
   - one year of college
   - Two years of college
   - Associates Degree – AS or AA
   - three years of college
   - Four years of college
   - Bachelors degree – BS or BA
   - other________________

5. **Race/Ethnicity Description from ADA/CODA Accreditation – please circle the race/ethnicity that describes you best**

   - **American Indian or Alaskan Native**
     A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliations or community attachments.

   - **Asian**
     A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Philippine Islands, Thailand and Vietnam

   - **Black or African-American**
     A person having origins in any of the black racial groups of Africa
<table>
<thead>
<tr>
<th>Race Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander</td>
</tr>
<tr>
<td>White</td>
<td>A person having origins in any of the original peoples of Europe, the Middle East or North Africa</td>
</tr>
<tr>
<td>Two or more races</td>
<td>Category used for individual who identify with two or more race categories listed above</td>
</tr>
<tr>
<td>Unknown</td>
<td>Category used to classify persons whose race and ethnicity are not known</td>
</tr>
<tr>
<td>Nonresident Alien</td>
<td>A person who is not a citizen of the United States and who is in the country on a visa or temporary basis and does not have the right to remain indefinitely</td>
</tr>
</tbody>
</table>

6. Are you comfortable speaking any other language(s) – if so, please list the language(s)
________________________________________________________________________

7. Please respond to the following questions with a “yes” or “no” answer
   Have you requested financial assistance yes no
   Will you receive financial assistance when you begin the program yes no
   When you begin the program will you be employed yes no
      If yes, approximately how many hours per week ____________
      If yes, type of work you will be doing when you begin the program in the Fall
         ____________________________________________________________

   Do you have family care responsibilities yes no

8. In what county (not country) and state did you live prior to enrollment in the program?
   County (i.e. Sonoma, Marin, Lake)____________________________________
   State _______________________________________________________________

9. In what county (not country) do you plan to live following graduation?
   County (i.e. Sonoma, Marin, Lake)____________________________________
   State _______________________________________________________________

10. Do you have previous experience working in a dental office?
    As a DA/sterilization assistant ______ number of years _______
    As a dental office receptionist ______ number of years ________