**Dental Assisting Student - 2019**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Bachelor’s degree – BS or BA other\_\_\_\_\_\_\_\_\_\_\_\_\_

5**. Race/Ethnicity Description from DBC Accreditation– please circle the race/ethnicity that descries 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

Hispanic or Latino (any race) A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.

Native Hawaiian or other Pacific Islander A person having origins I any of the original peoples of Hawaii, Guam, Samoa or another Pacific Islander

White A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Two or more races Category used for individual who identify with two or more race categories listed above

Unknown Category used to classify persons whose race and ethnicity are not known

Nonresident Alien 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

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

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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 \_\_\_\_\_\_\_\_\_?