

Dental Assistant Pre-Program Questionnaire/Checklist

Completing the Pre-Program Questionnaire is a process of assessing your knowledge of the Dental Assistant program and commitment to this career choice. This questionnaire focuses on the extent you are aware of, and are prepared to meet, the challenges and demands of the Dental Assistant program and profession. It will not be scored. Please consider the statements carefully and provide an honest response.

1. I am aware that enrolment in the program will require that I will interact with dental patients in the dental clinic at College of New Caledonia.

Yes

No

2. I am aware there are 40 hours of class/clinic per week, 3-4 hours of homework each night and that there will be additional costs (e.g. glove, uniforms, instruments) associated with the program.

Yes

No

3. I am aware that this program requires clinical placement in an off-campus dental setting in and around Prince George and I will be responsible for any cost associated with traveling to and from my assigned clinical placement.

Yes

No

4. I am aware of the emotional, mental and physical demands of the program and occupation and I foresee no difficulty/limitation in learning and/or performing the duties of a dental assistant.

Yes

No

5. I have the mental and physical stamina to learn and perform the duties of a dental assistant.

True

False

6. I am aware that successful completion of this program requires fine psychomotor skills and good manual dexterity involving hand, wrist, back, neck, or shoulder movements.

True

False

7. I have no previous injury or condition that will put me at risk for training and/or working in this profession, which requires repetitive movements and sitting or standing in a fixed position for long periods of time.

True

False

8. I am aware that this profession requires me to work in the oral cavity with needles, blood, saliva, mouth odors, fluids and tissue.

Yes

No

9. I am aware that in this profession I may be required to respond professionally to difficult situations and in the presence of commonly encountered and unavoidable environmental factors such as noxious smells, disease agents, and unpredictable behavior of others.

Yes

No

10. I am aware that enrolment in this program, participating in clinical practice and employment in this profession require criminal record checks.

Yes

No

11. I am aware that enrolment in this program requires immunizations and proof of vaccinations

Yes

No

12. I am aware that enrolment in this program requires students to demonstrate skills on each other as well as volunteers in a supervised clinic setting, prior to performing any procedures on patients in the dental clinic.

Yes

No

13. If I require support/accommodations for a documented disability, I am aware that it is my responsibility to contact and work with CNC Accessibility Support Services and the appropriate course instructor(s) at the beginning of the program and course terms.

Yes

No

Attention Applicant

If you answered "No" or "False" to any of the questions, it is important for you to talk to a CNC recruitment officer at 250-561-5855 to discuss whether this program/profession is suitable for you.

Should you need more information or have questions, please contact the School of Health Sciences at healthsciences@cnc.bc.ca or 250-562-2131.