



DENTAL ASSISTING PROGRAM (DAP) INTERVIEW QUESTIONS

PLEASE TYPE OR HANDWRITE YOUR ANSWERS IN THE COMMENT SECTION

| QUESTIONS | COMMENTS |
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| 1 Why did you select the Dental Assistant program? | |
| 2. What are the responsibilities of a Dental Assistant? | |
| 3. Do you have any experience working in this field or any other Allied Health field? | |
| 4. Is there anything that may prevent you from completing the Dental Assistant program? | |
| 5. In the event there is an internship is there anything that would prevent you from participating (i.e., transportation, employment, etc.)? If yes, how will you handle it? Please Note students are assigned to internship assignments by the program faculty. You must be available between the hours of 8 am and 6 pm (M-T) | |
| 6. Do you have any allergies/sensitivities that might prevent you from participating in this program (i.e., latex products, smells etc.)? Can you lift 50 pounds? | |

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| <p>7. Do you have any type of reaction to blood or bodily fluids or the usage of needles?</p> | |
| <p>8. Where would you place your cell phone during class and labs?</p> | |
| <p>9. Describe one example in which you experienced a conflict either on the job or personally. What steps did you take to resolve the conflict?</p> | |
| <p>10. What will you do to ensure that you will complete the Dental Assistant Program?</p> | |
| <p>11. Are there any areas in which you believe there is a challenge for you academically?</p> | |
| <p>12. List at least 3 reasons why you believe that you should be selected in the Dental Assistant Program?</p> | |
| <p>13. Do you have access to a computer at home?</p> <ul style="list-style-type: none"> a) Do you have internet access? b) Do you have a computer or tablet? c) If portion or all of the program is available online, would you able to participate in these classes? | |

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| <p>14. List the areas in which you have computer proficiency (ie., Microsoft Word, Excel, PowerPoint, or Access). If not, are you willing to enroll in a computer technology class?</p> | |
| <p>15. Although EOC is a tuition-free institution the program does not cover some of the costs. (i.e., scrubs, medical shoes, certification, fees and associated fees), would this present a problem for you? If yes, please explain.</p> | |
| <p>16. Are you currently employed (Yes or No)? If yes, where?</p> | |
| <p>17. Are you aware that in some instances, internships, employers and clinical lab sites may require you to take a drug test (Yes or No)? If asked to take a drug test would that be a problem for you (Yes or No)?</p> | |
| <p>18. In some incidences employers or internships may require a background check and credit history, will this be a problem (Yes or No)?</p> | |
| <p>19. Do you have a New York State Driver's License (Yes or No)? If accepted into the program how will you get to school?</p> | |

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| 20. What are your educational goals? | |
| 21. How can EOC assist you in meeting your educational goals? | |
| 22. What are your educational plans after EOC? | |
| 23. Are you aware that tattoos that are offensive in nature must be covered (Yes or No)? | |
| 24. What back up plans are in place in case your originally plan don't work? | |
| 25. Define Professionalism and provide examples of how you demonstrate professional behaviors. | |
| 26. Provide examples of professional dress attire? Are you aware that artificial nails are prohibited within the healthcare setting (Yes or No)? | |
| 27. Provide examples of how you manage your time and describe your attendance and tardiness record | |

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| <p>28. Describe your work ethic? Please provide examples.</p> | |
| <p>29. What steps can you take to ensure good attendance and punctuality and examples of how you communicate effectively</p> | |
| <p>30. Do you focus on positive or negatives situations and provide examples of your focus?</p> | |
| <p>31. Describe unfavorable behaviors and provide examples of your unfavorable behaviors</p> | |
| <p>32. Are you aware and understand the HIPAA requirements within healthcare (Yes or No)? If no, ask the interviewer to explain.</p> | |
| <p>33. Will you require any special accommodations (Yes or No)?</p> | |



I AGREE THAT THE INFORMATION PROVIDED DURING THIS INTERVIEW IS ACCURATE.

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| Student Signature: Required Field | Print Name: Required Field |
| Date: Required Field | Phone Number Required Field |
| Email Address: Required Field | |
| INTERVIEWER SECTION | |
| EOC Faculty/Staff Signature: | Date: |

6/7/2021wj