



Main Campus (Oakwood)  
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Oakwood, GA 30566  
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**Dental Experience Form**

**Applicant Name:** \_\_\_\_\_

**Please have the dentist for whom you assist/shadow fill out the information below, and please attach a business card from the office.**

1. In what capacity did the applicant participate in your practice? More points are awarded for chairside assisting with the dentist or hygienist than for shadowing or observation.
  - Chairside dental assistant
  - Chairside hygiene assistant
  - Shadowing
  
2. Please describe the duties/activities in which the applicant participated.

3. How many total working hours was the applicant participating at your office?

4. Please rate the applicant on each of the following work ethics traits based on the following scale:

1 = Poor      2 = Fair      3 = Good      4 = Very good      5 = Excellent

Trait	Description	Rating
<b>ATTENDANCE</b>	Be present, prepared, and willing to participate.	1   2   3   4   5
<b>CHARACTER</b>	Be responsible, honest, and dependable.	1   2   3   4   5
<b>TEAMWORK</b>	Foster cooperation, commitment, and team spirit.	1   2   3   4   5
<b>APPEARANCE</b>	Be neat and clean with good personal hygiene. Dressed appropriately.	1   2   3   4   5
<b>ATTITUDE</b>	Utilize positive thinking.	1   2   3   4   5
<b>PRODUCTIVITY</b>	Follow proper safety practices, conserve materials, and utilize time wisely.	1   2   3   4   5
<b>ORGANIZATION</b>	Prioritize and manage time effectively. Demonstrate flexibility and adaptability.	1   2   3   4   5
<b>COMMUNICATION</b>	Provide accurate information in a professional and courteous manner. Demonstrate appropriate nonverbal communication skills. Listen attentively to others.	1   2   3   4   5
<b>COOPERATION</b>	Convey a willingness to assist others. Work to resolve conflicts. Demonstrate concern for treating people fairly and equitably.	1   2   3   4   5
<b>RESPECT</b>	Demonstrate respect, courtesy, and tact. Do not engage in harassment.	1   2   3   4   5

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_