

## Dental Assistant Lab Supervisor Skills Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

This information becomes part of your application. Your skills, expertise, and education will be rated based on your answers. Please fill out this form as completely as possible. Under columns three through six, check the category that best shows the depth of your experience. *Do not check more than one column per line.*

**Years of relevant experience:**

Full time work \_\_\_\_\_

Part time work \_\_\_\_\_

**Check Degrees (Attach Transcripts):**

HS/GED \_\_\_\_\_

Certificate \_\_\_\_\_ Area \_\_\_\_\_

Associate \_\_\_\_\_ Major \_\_\_\_\_

Bachelor \_\_\_\_\_ Major \_\_\_\_\_

	Model/ Version Used	Years of Experience	Training only	Preformed with help	Performed unaided	Instructed others
<b>Dental Office Skills:</b>						
Emergency Treatment of Dental Injuries						
Develop Safe Environment for Clients						
Maintain Safe Environment for Clients						
Enforce OSHA Standards & Aseptic Standards						
Chair Side Procedures						
Dental Instruments/Instrumentation						
Basic Tray Set-ups						
Clean Dental Equipment Techniques						
Ensure Operation of Dental Equipment						
X-Ray Product Knowledge						
Conserving Dental Resources						
Maintaining Supply Inventory						
Amalgam Procedures						
Composite Procedures						
Crown & Bridge Procedures						
Endodontics						
Oral Surgery						
Rubber Dam Procedures						
Material Mixtures						
Supply Orders						

## Dental Assistant Lab Supervisor Skills Survey

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<b>Equipment:</b>						
Autoclave						
Ultrasonic Cleaner						
Panoramic X-Ray Machines						
Standard X-Ray Machines						
Dental Chairs						
Central Air & Vacuum Systems						
Triad						
Automatic Processor						
Manual Processor						
Lab Engines						
Lathe						
Model Trimmer						
Current CPR Certification						
Other:						

I have answered the above information to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_