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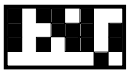
CENTRAL PIEDMONT COMMUNITY COLLEGE
DENTAL ASSISTING PROGRAM
GRADUATE SURVEY

The Dental Assisting Program would like your assistance in completing the graduate exit survey concerning your experiences in the Dental Assisting Program. Your responses are completely anonymous and your identity will not be disclosed to the Dental Assisting Program Faculty. Please check the appropriate box for the following questions. This information will be utilized during the review process of the Dental Assisting Curriculum.

Do you feel the program adequately prepared you, at entry level proficiency, for your current employment? If not, please comment. Yes No

Are there any areas of the curriculum you feel need improvement? If so, please comment. Yes No

Would you recommend our program to others? Why or why not? Yes No



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Are you currently employed as a Dental Assistant?
If not, please comment.

Yes No

Are you currently a CDA?
If not, please comment.

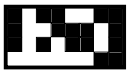
Yes No

Were you able to negotiate a compensation package
which recognizes your professional efforts?

Yes No

Did you and your employer sign an employment agreement?

Yes No



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PLEASE CHECK THE FIELD YOU ARE CURRENTLY EMPLOYED IN: (MARK ALL THAT APPLY)

- Employed in a non-dental profession
- Endodontics
- General Dentistry
- Hospital Dentistry
- Oral Surgery
- Orthodontics
- Pediatric Dentistry
- Periodontics
- Prosthodontics
- Public Health Dentistry

PLEASE CHECK EACH OF THE BENEFITS YOU ARE RECEIVING FROM YOUR EMPLOYER:

- Health Insurance
- Dental Insurance
- Disability Insurance
- Liability Insurance
- Retirement
- Profit Sharing
- Paid Vacation (Please Indicate How Many Weeks Per Year)
- Paid Sick Leave (Please Indicate How Many Days Per Month)
- Uniform Allowance
- Continuing Education Fees
- Professional Dues
- Bonus
- Holidays (Please Indicate How Many Per Year)

