



Skill List

NAME: _____

Please complete this form in its entirety for our records. Please use the following scale for your experience level:

3 = Very experienced 2 = Average 1 = Newly learned 0 = No Knowledge

Dental Assisting Skills

Skill	Scale	Years of Experience	Interested? Yes or No
Sterilization			
Charting			
Perio Charting			
X-Ray-Bite wings			
X-Ray-Periapicals			
X-Ray-Panoramic			
X-Ray-Digital			
Coronal Polish			
Place Sealants			
4-Handed Chair-side			
Punch and Place Rubber Dam			
Place Matrix & Wedge			
Pack Cord			
Pre-Fab Temp Crowns			
Fab. Temp Bridges			
Composite/Amalgam Restoration			
Child Prophys			
Perio Assisting			
Ortho Assisting			
Endo Assisting			
Oral Surgery Assisting			

Front Office Skills

Skill	Scale	Years of Experience	Interested? Yes or No
Scheduling Appointments			
Financial Arrangements			
Treatment Plans			
Insurance			
Collections			
Accounts Receivable/Billing			
Accounts Payable			
Payroll			
Taxes			
Basic Computer Skills			

I understand Dental Employment Services, Inc. may use this information in an attempt to help me secure temporary and permanent work.

SIGNATURE: _____ DATE: _____