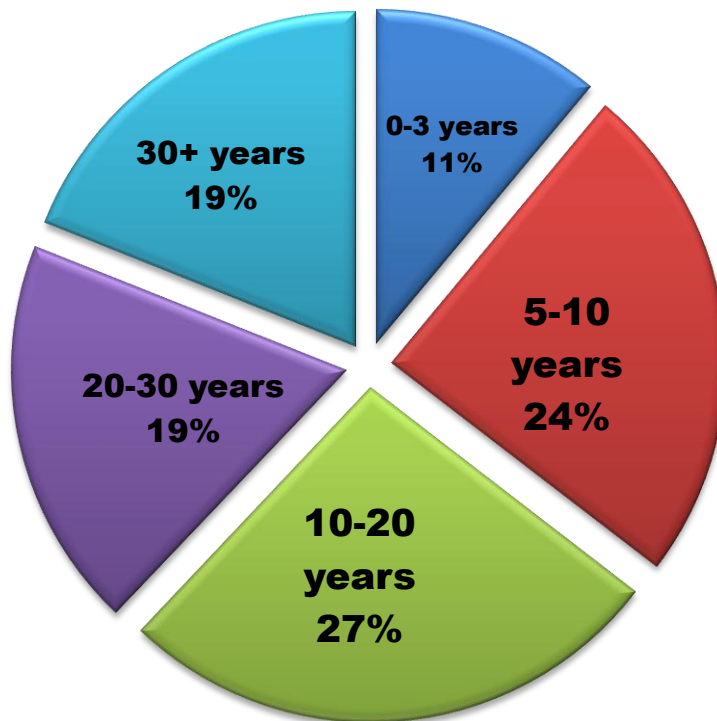
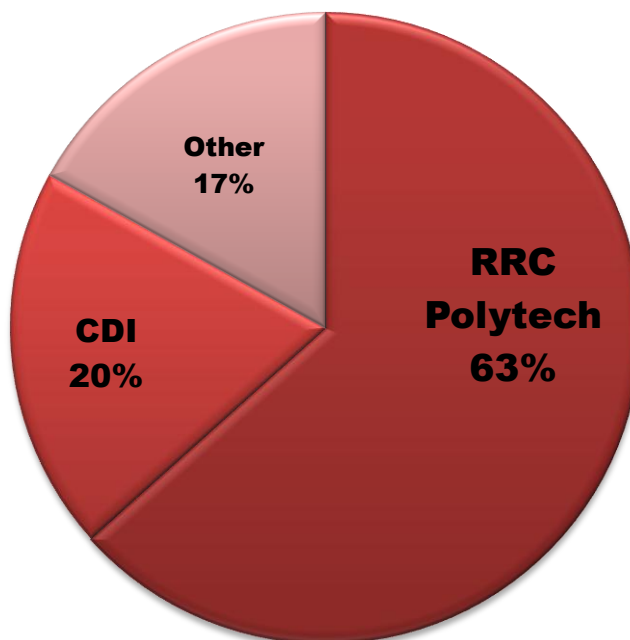


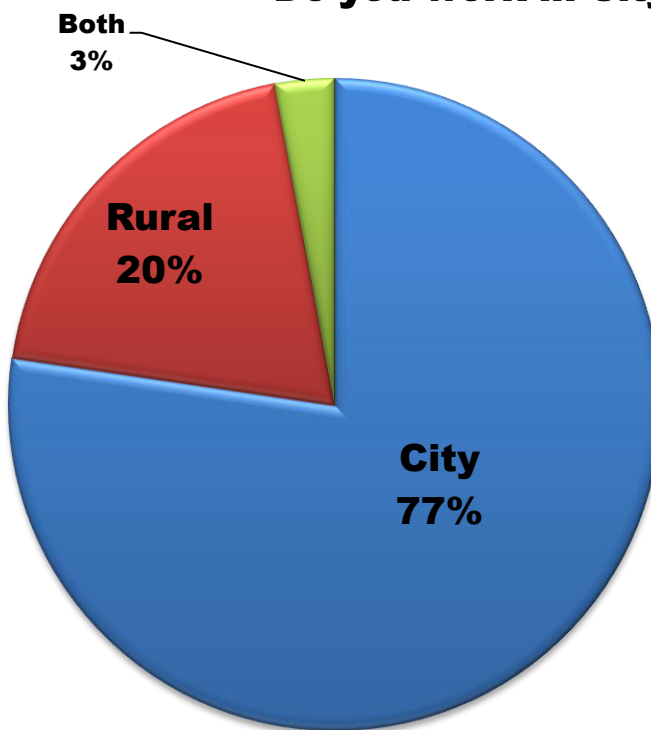
**How long Have you worked  
in the dental field?**



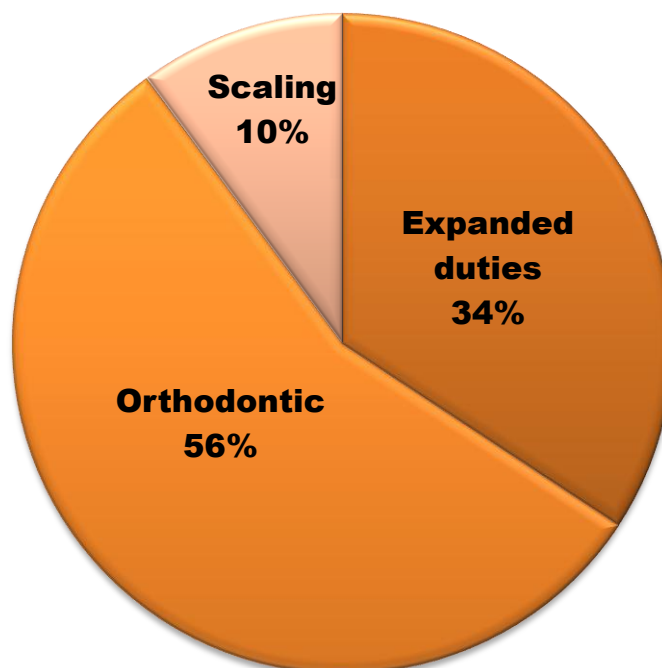
**Which Dental Assisting program  
did you graduate from?**

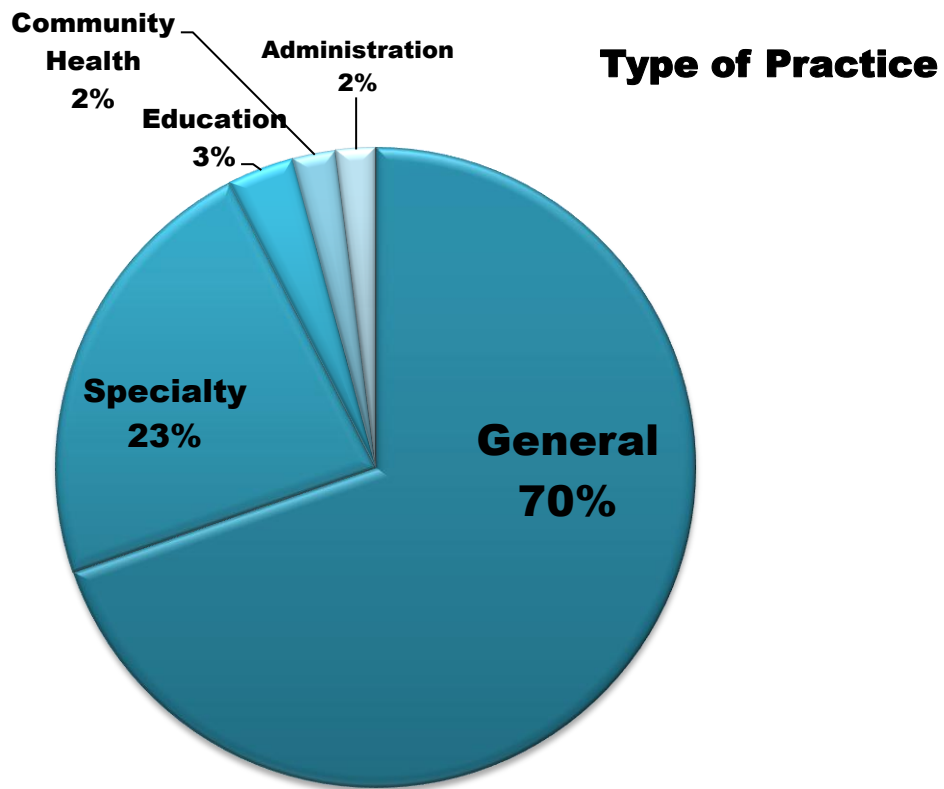


### Do you work in City or Rural

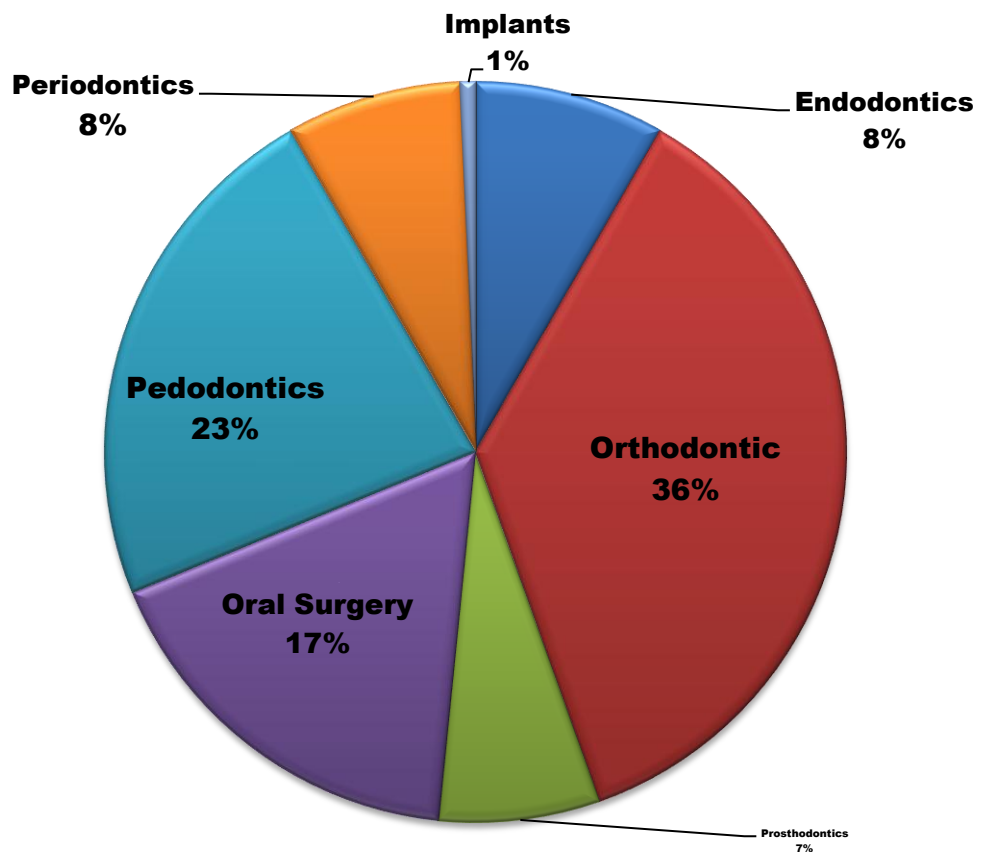


### What Modules have you acquired?

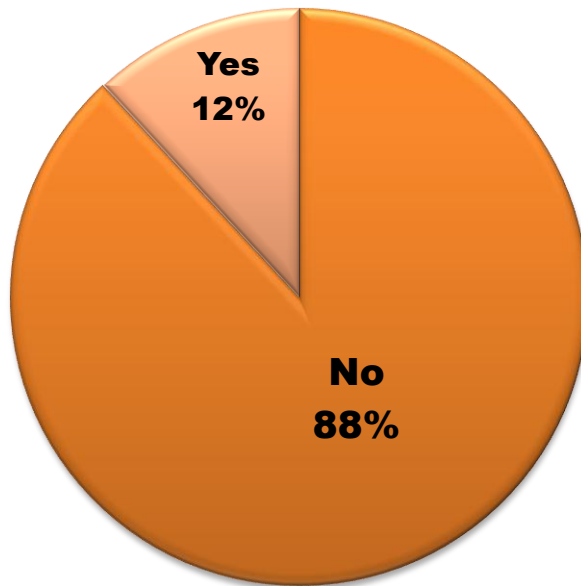




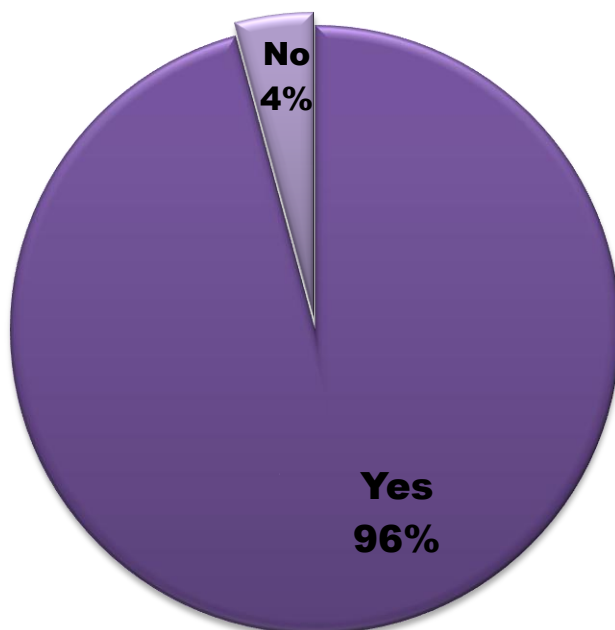
### If you work in a specialty, which specialty?



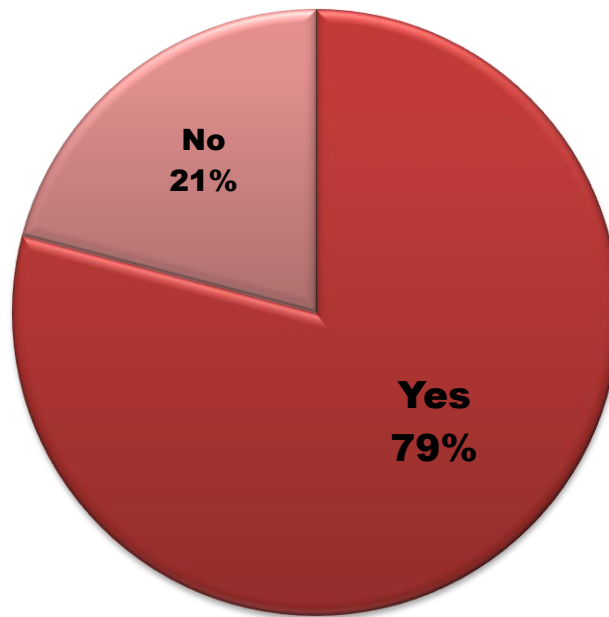
**Are there Chairside Dental Assistants in your office?**



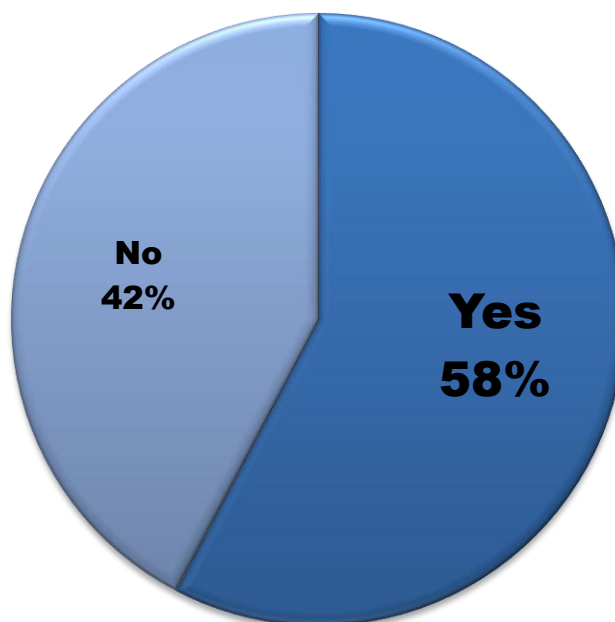
**Are you aware of MDA  
Scope of Practice  
for RDAs?**



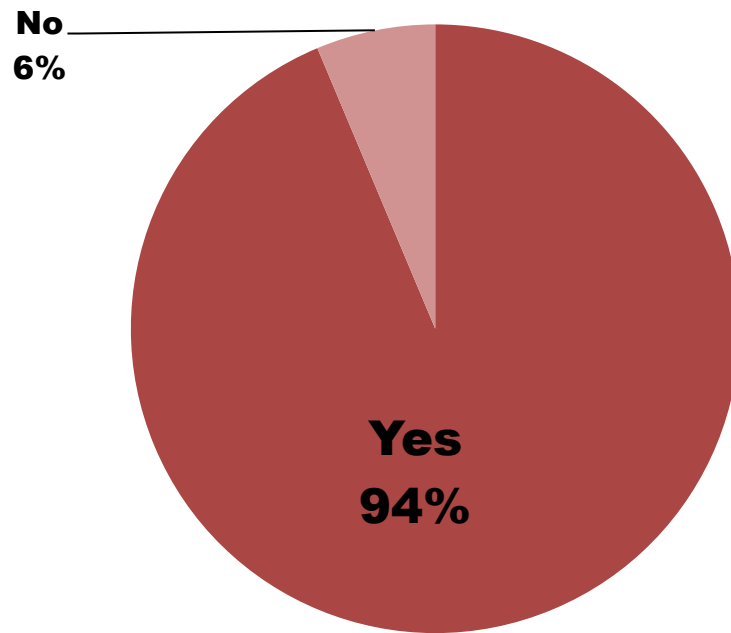
**Do you know how to access the MDA Scope of Practice for RDAs?**



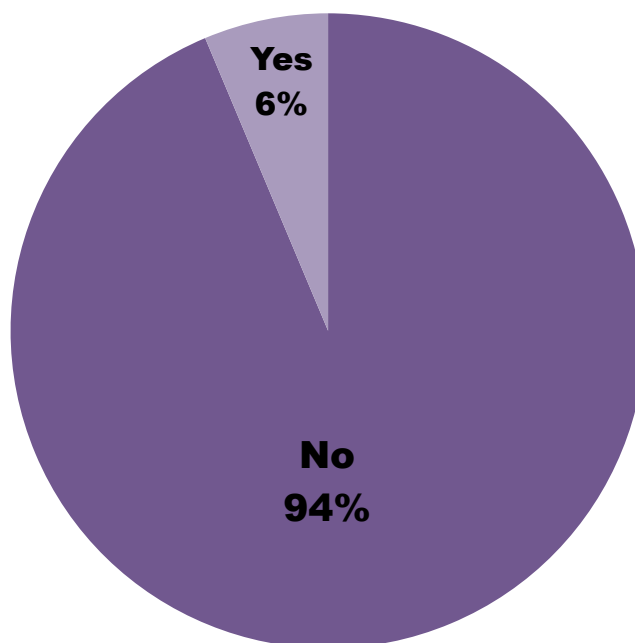
**Are you aware of recent updates to the MDA Scope of Practice for RDAs re. Scaling Module?**



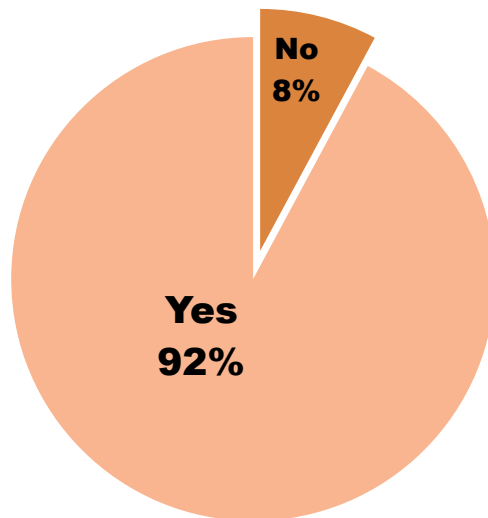
**Do you comfortably work within the MDA Scope of Practice for RDAs?**



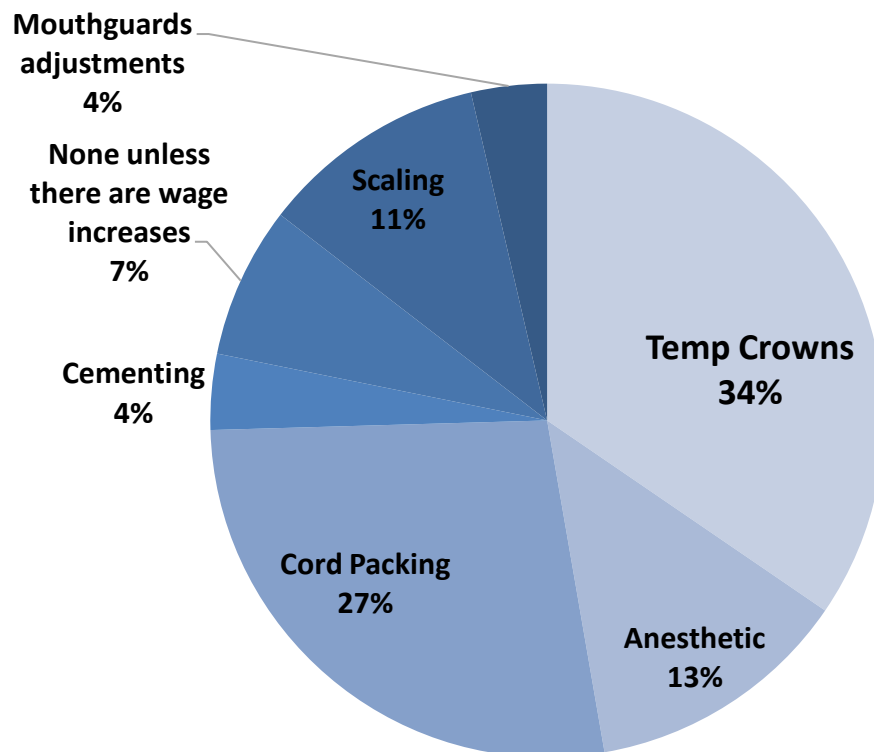
**Are you asked to do tasks outside of the MDA Scope of Practice for RDAs?**



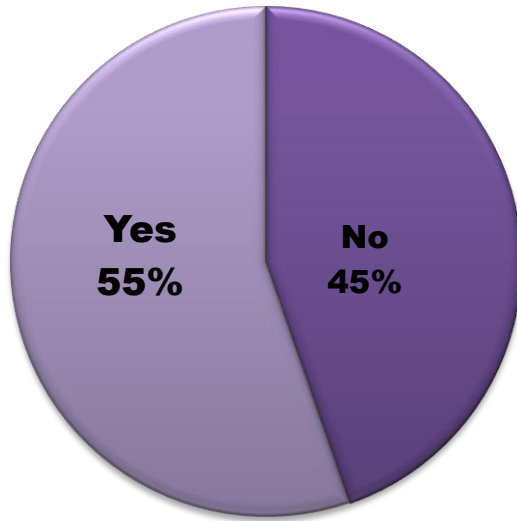
**Are you aware that if you work outside of the Scope for RDAs your insurance may not be valid?**



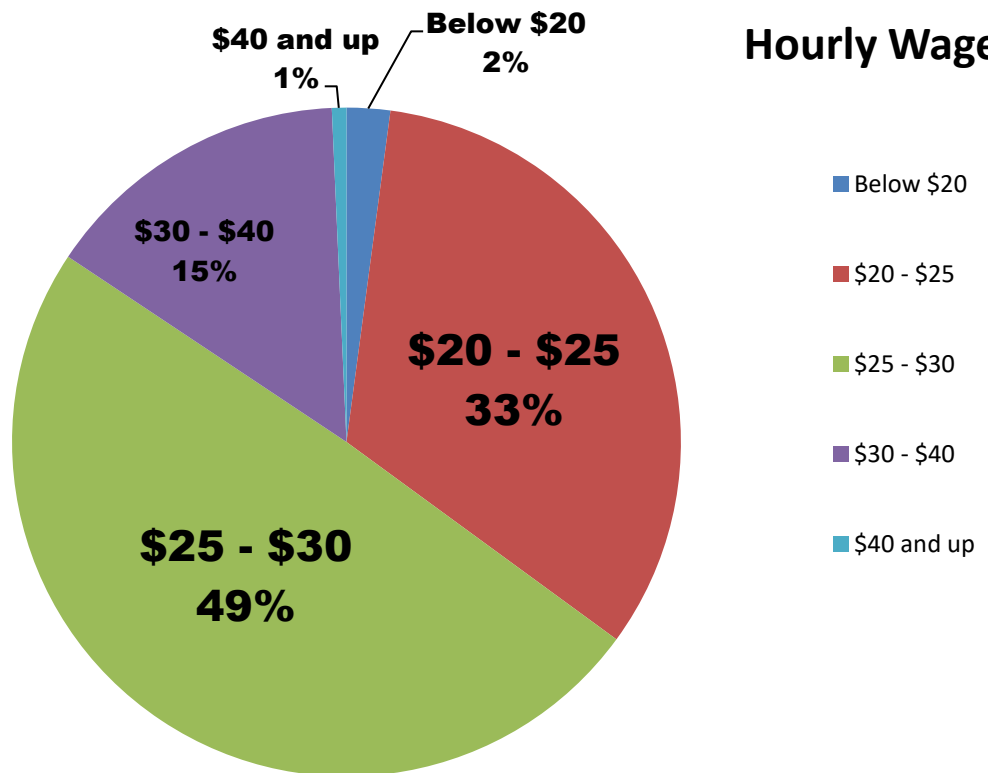
**What tasks, if any, would you like to see added to the Scope of Practice for RDAs?**



## Are you working at an acceptable wage?

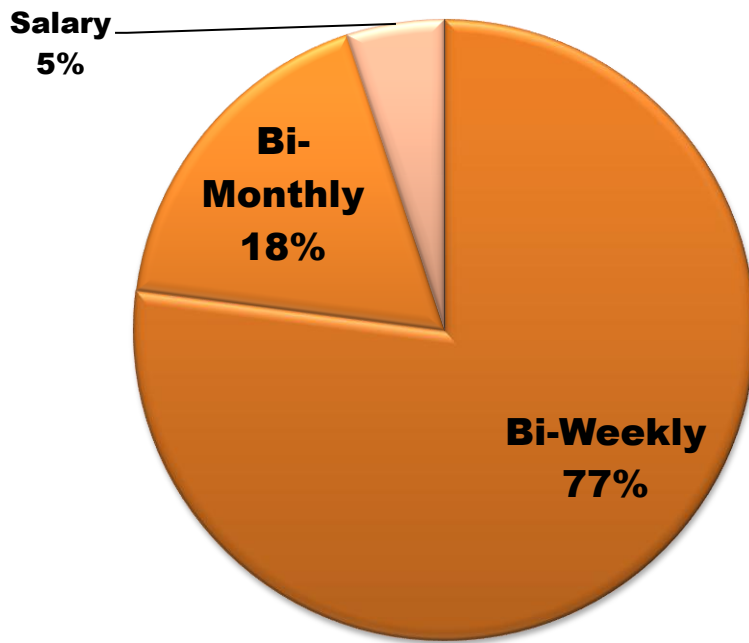


## Hourly Wage

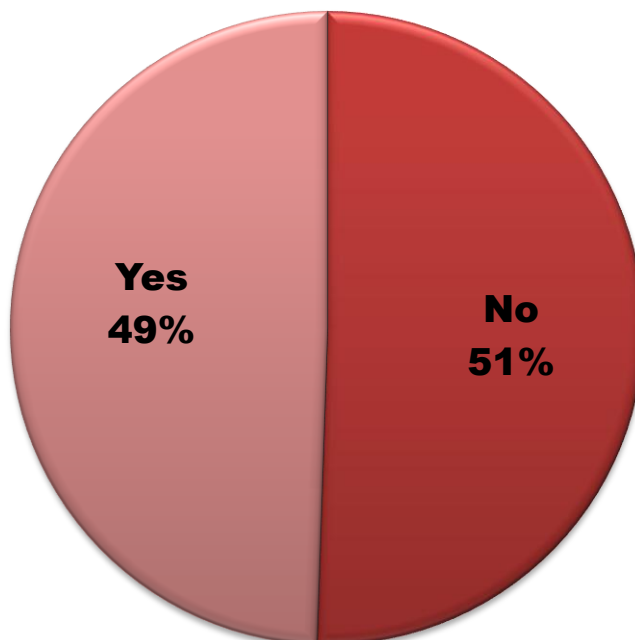




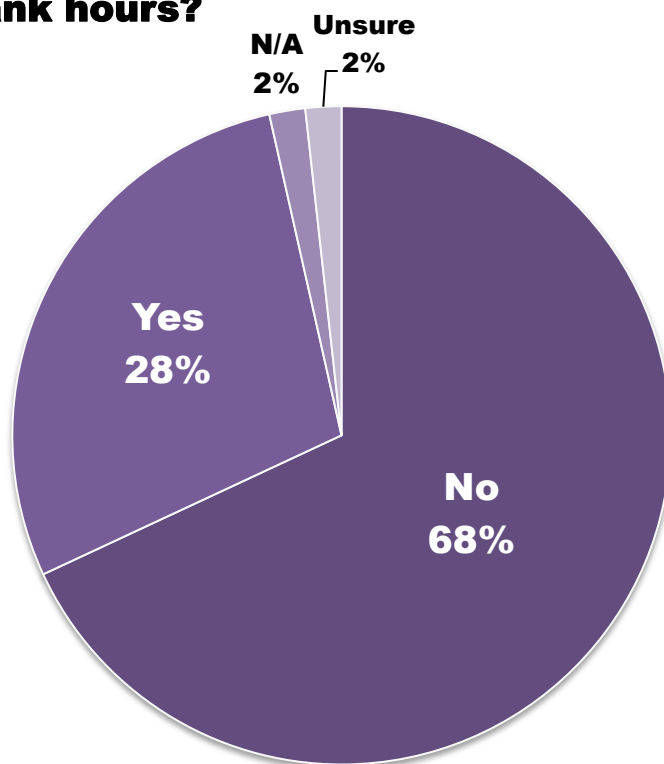
### How often are you paid?



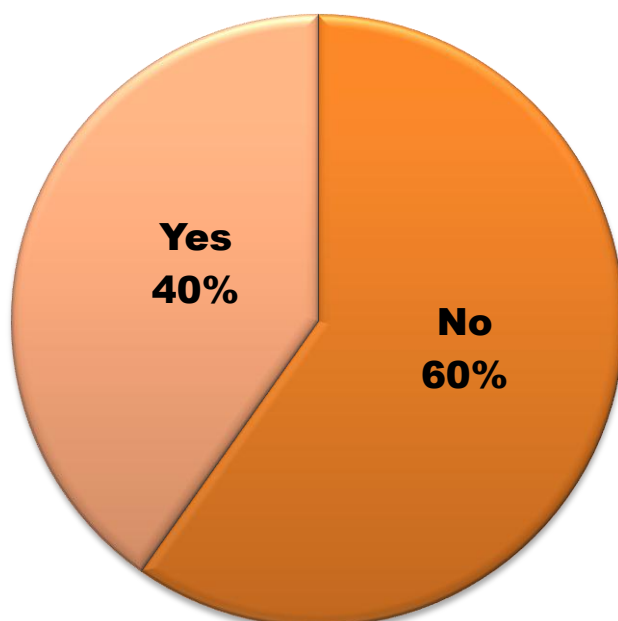
### Are you paid overtime?



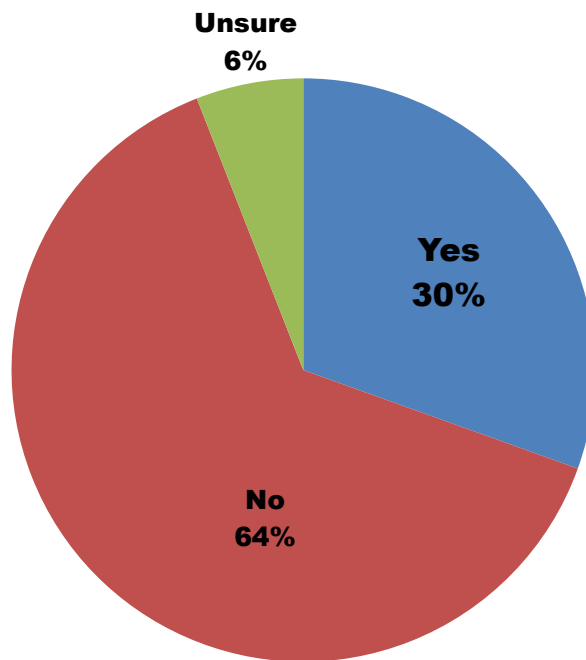
### **Able to bank hours?**



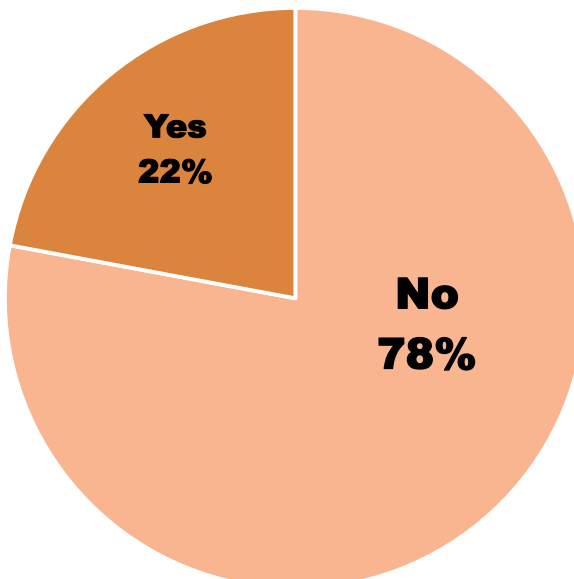
### **Can you used banked hours at your discretion?**



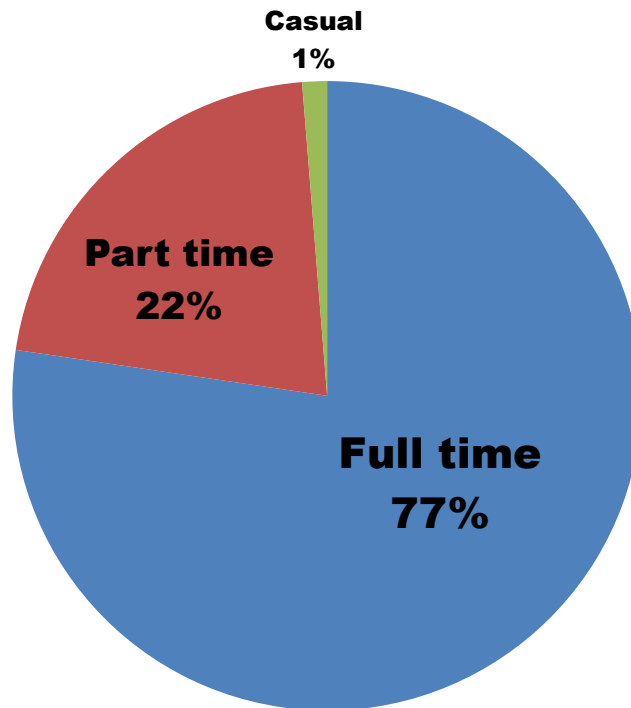
**Are you to use banked time according to office mandates**



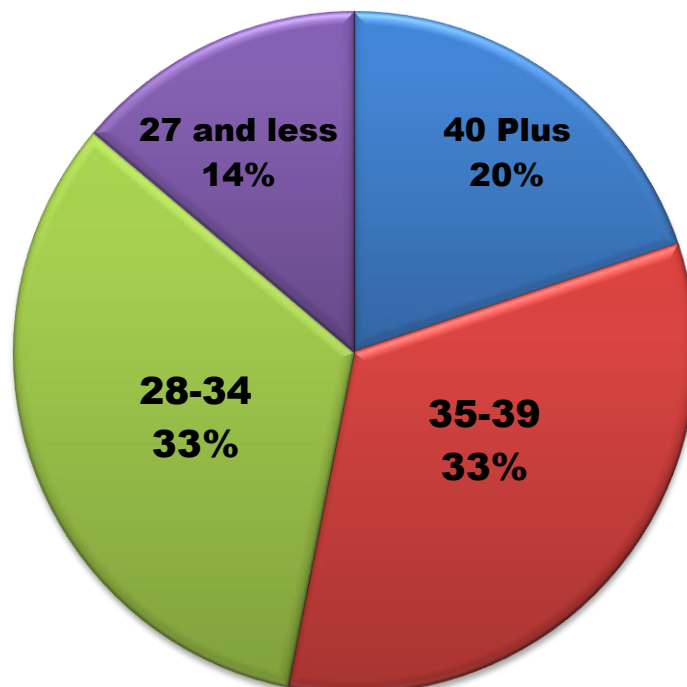
**If you have attained the scaling module are you compensated accordingly?**



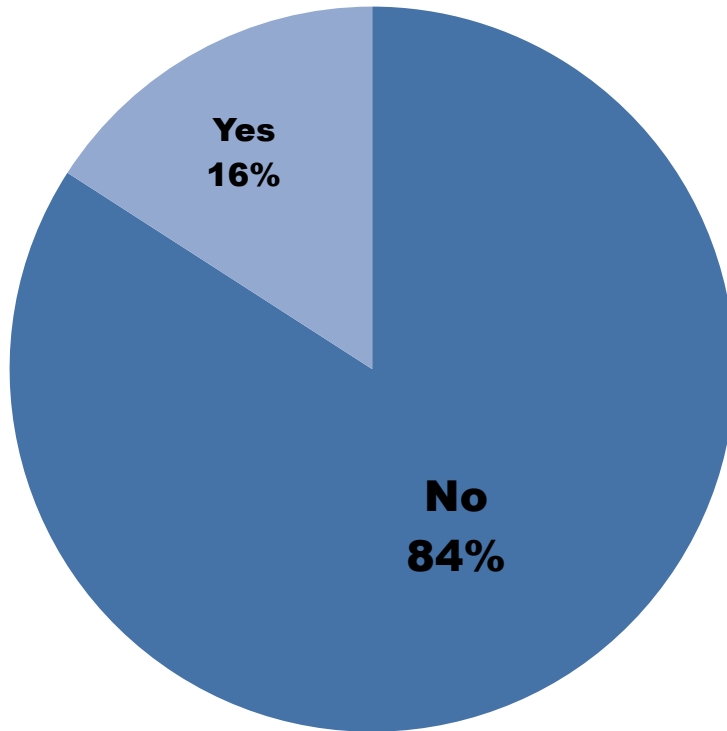
## **Job status**



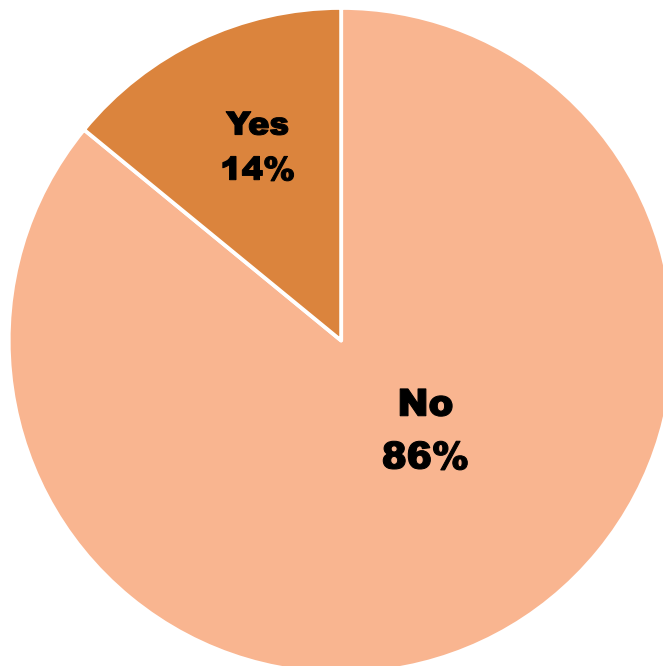
## **How many hours per week do you work?**



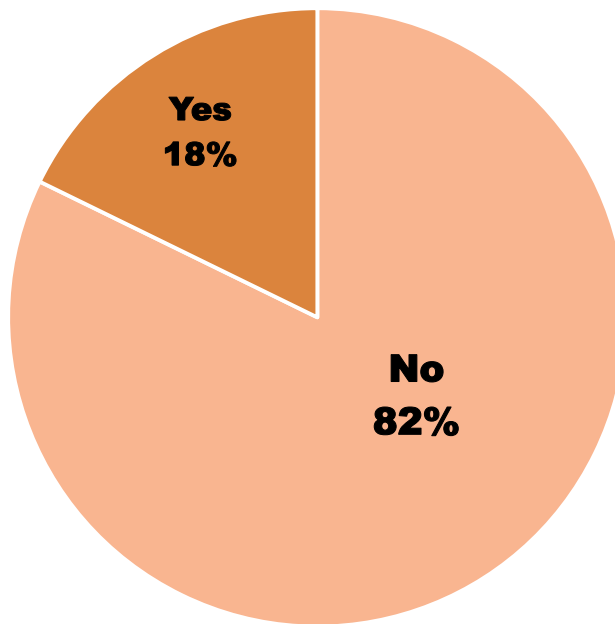
### **Do you work in multiple offices?**



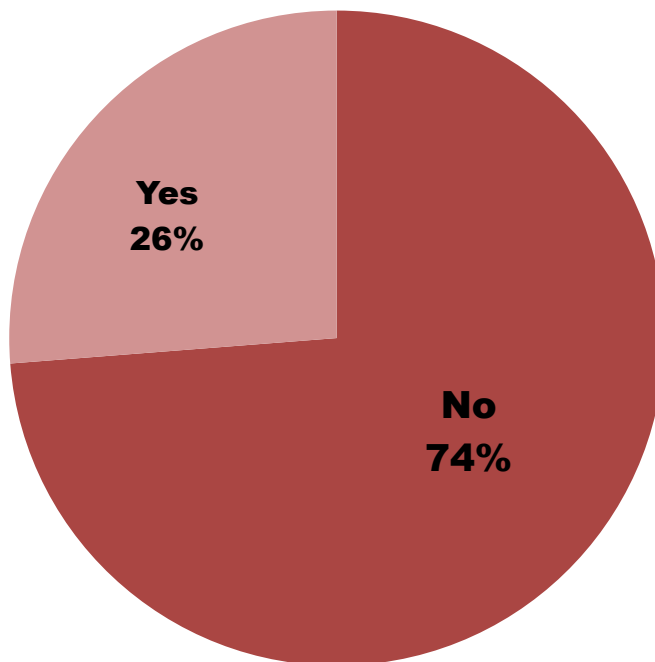
### **Are you paid for your lunch break?**



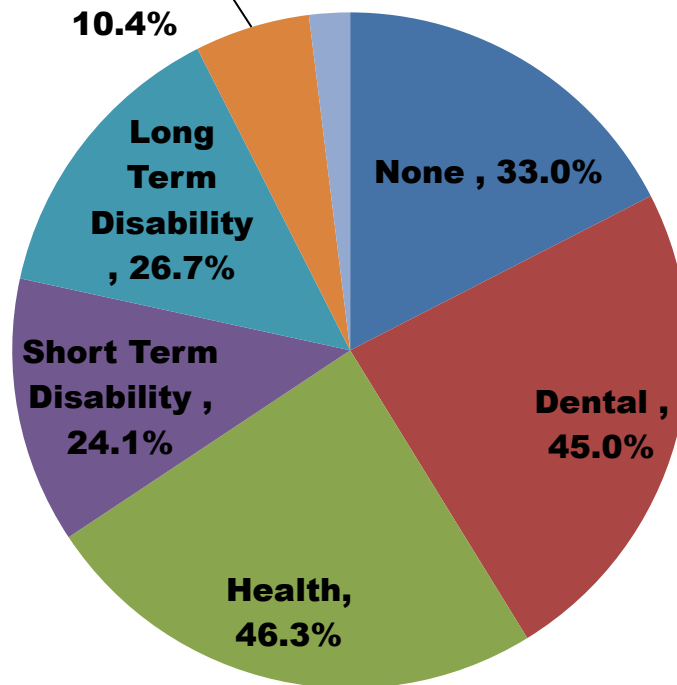
### **Do you receive coffee breaks?**



### **Are you able to take your coffee breaks when you receive them?**

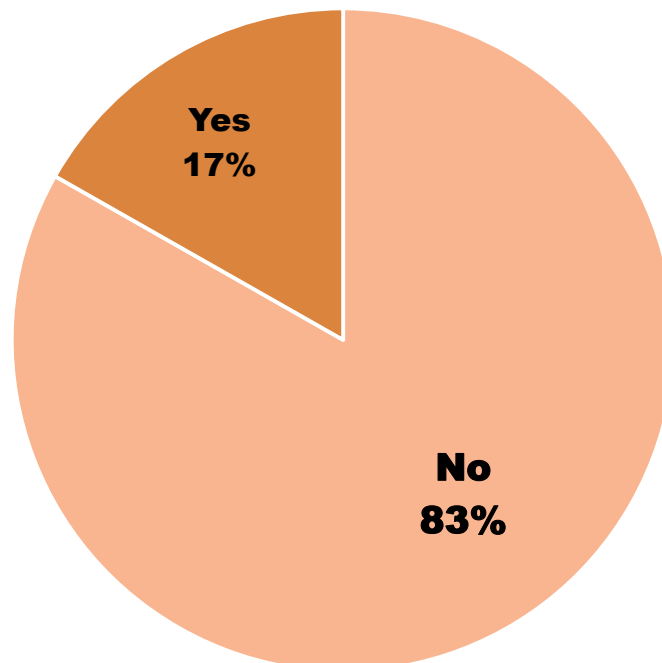


**Employee Health  
Assistance Spending ,  
Program , 3.7%  
10.4%**

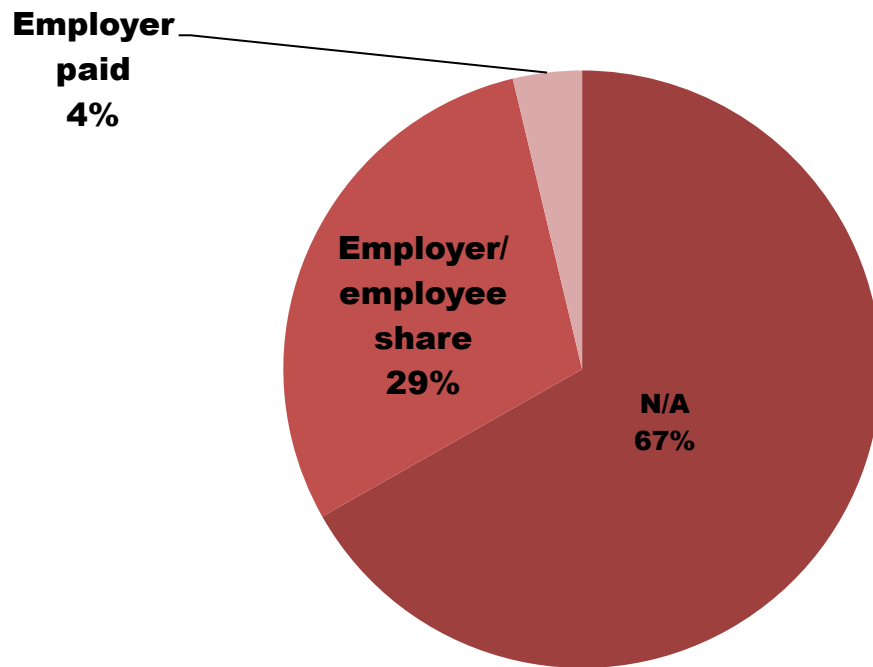


**Which benefits do you have?**

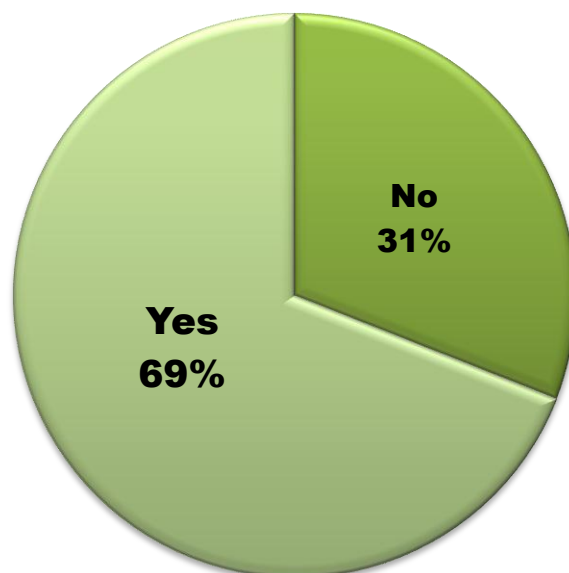
**Do you have Pension Options offered by your employer?**



**If Yes, which type of pension plan are you offered?**

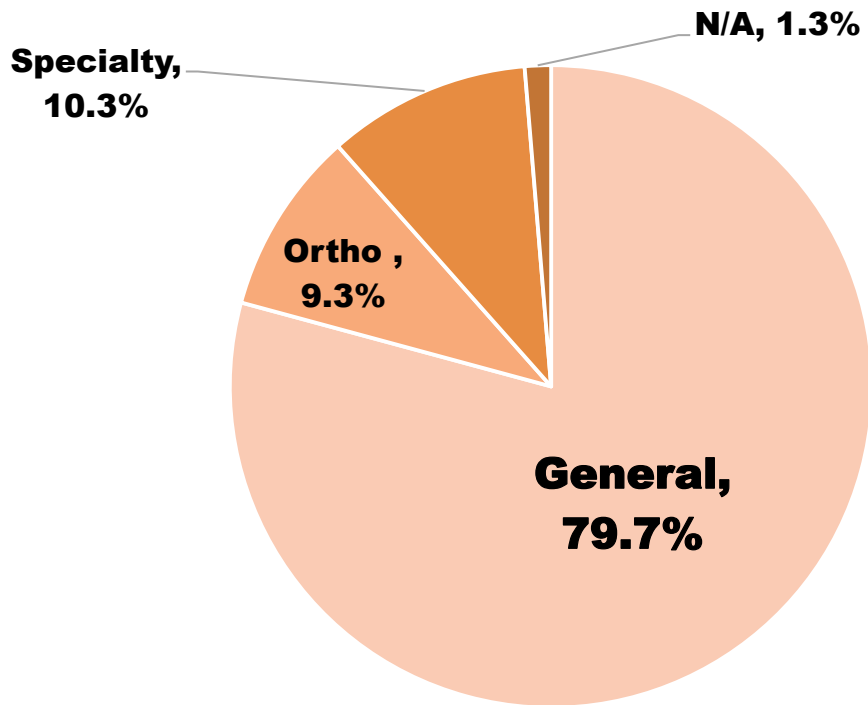


**Does your office offer free in office dentistry?**

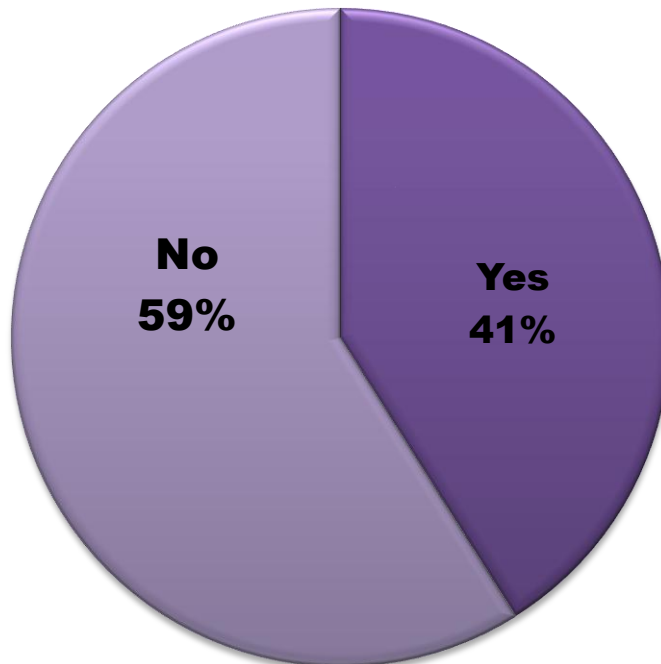




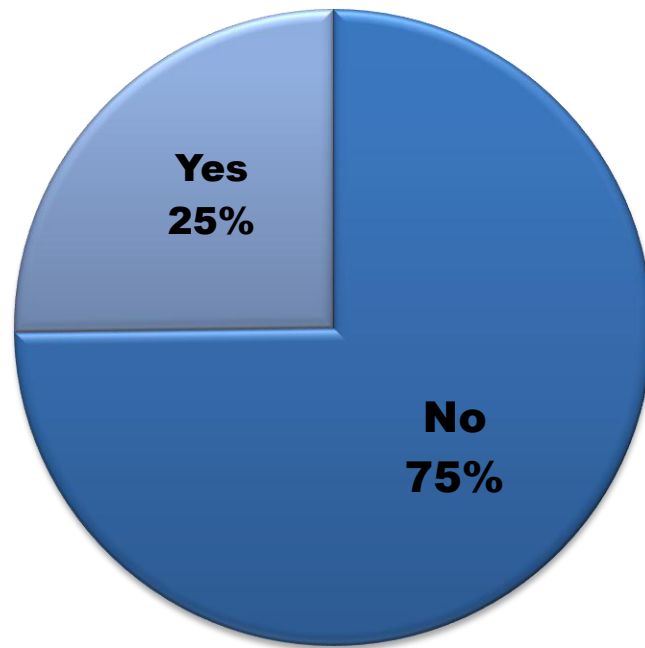
**If 'Yes', what type of practice do you work in?**



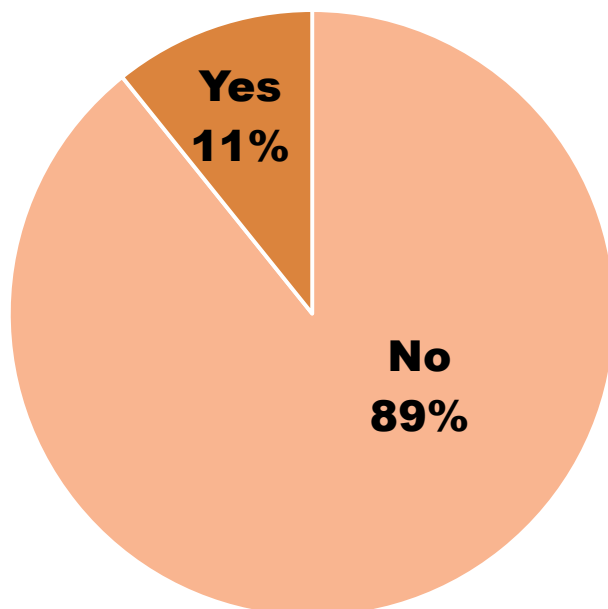
**Are you offered paid sick days?**



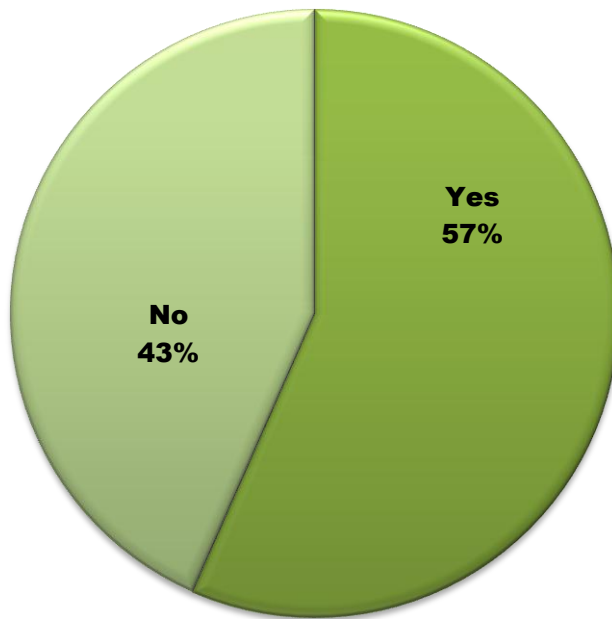
**Are you aware the MDA has recently released a Blue Cross employee insurance plan?**



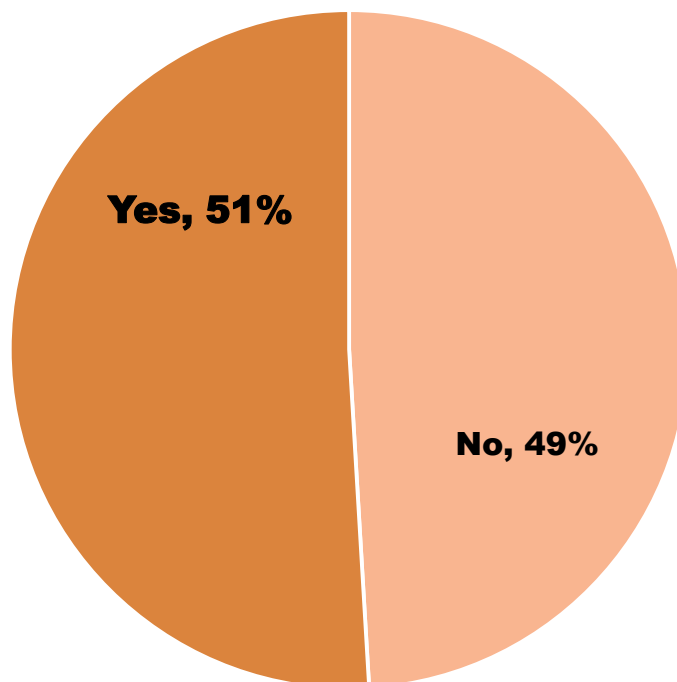
**Has your employer discussed the Blue Cross plan with you?**



**Would you feel comfortable discussing this plan with management?**



**Do you receive yearly reviews with salary increases?**



## Do you Have the option of a bonus program/ incentive?

