**Dental Assisting Program Application**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| City, State & Zip: |  |
| Phone Number: |  |
| Email: |  |
| Date of Birth: |  |
| Social Security Number: |  |
| Gender: |  |

|  |  |
| --- | --- |
| Do you have your high school diploma or GED? |  |
| Last school attended? |  |
| Are you a legal United States citizen? |  |
| Which month are you interested in attending the Dental Assisting program? |  |
| How did you hear about our program? |  |
| Please list your last three jobs and a brief description of each? |  |
| Please list your previous schools and education completed.  |  |
| Please briefly describe why you want to be a dental assistant? |  |
| Uniforms: With your tuition, one set of embroidered uniforms is included. Please list your size for a top and bottom.  | Sizes: XS, S, M, L, XL, 2XL, 3XL  |
| How did you hear about our program? Were you referred to us? If so, by whom? |  |