

Complete Dental Educational Center

Dental Assisting Program Application Form

Last Name	First Name	Middle Name
Mailing Address:		
Street Address: (if not the same as above)		
Home Phone:	Cell Phone:	
Email Address:		
Date of Birth:	SS#	Gender:
Last School Attended:	High School Graduate/equivalent: YES or NO	
Are you a legal citizen of the United States ?	YES or NO	
Have you ever been convicted of a felony?	YES or NO	
Work History Please List your 3 most recent jobs below and a brief description of your duties		
1.		
2.		
3.		
Educational Background Please List your Previous Schools and education completed at each one		
1.		
2.		
3.		
Please give a brief description as to why you are interested in becoming a Dental Assistant		