

Date: _____

I AM READY TO BEGIN MY QUEST WITH

Dental Assisting Technologies

TO BECOME A DENTAL ASSISTANT!

Application for Admission

Name: _____
Last First Middle

Address: _____

Telephone: _____ Social Security Number: _____

Birthday: _____ Email: _____
mm/dd/yyyy

Do you currently work in a dental facility? If so where?

High School Diploma: _____ GED/Equivalent: _____
Graduation Year Year Completed

Name of High School/Institution from which diploma was received:

City State Zip

Did you have further education? If so where and when?

Where did you hear about our program:

Do you require financial aid?

Do you feel that you would qualify for any local or state assistance?

Please mail completed form to: Dental Assisting Technologies, 3000 41st Street Suite #4, Moline, IL 61265