

**NODC SHOOOL FOR DENTAL ASSISTING
APPLICATION FOR ADMISSION**

Date: _____

Have you applied to the School before? **Y** **N**

Name: First _____ Middle Initial _____

Last _____

Address: (Number, Street, City, State, Zip) _____

Telephone Numbers: (Home) _____

(Work or Cell #) _____

Are you over the age of 18? **Y** **N**

Are you right- or left-handed? **Right** **Left**

Do you have any physical limitations or special requirements? **Y** **N**

If yes, please explain:

Do you have any dental assisting experience, or employment by a dental office now or in the past? **Y** **N** If yes, please list your skills directly related to dental assisting:

Although not mandatory, we strongly recommend that **if you know you are pregnant, or will be at the start of the course**, that you wait to enroll until after your delivery. We have found that, due to the short nature of the course and the extensive amount of information taught therein, it is much more likely that a pregnant student will suffer—either physically or by missing enough of the course to be unable to graduate with her class. No pregnancy is completely predictable. Any student who is pregnant must submit to the School Director, no later than Week 3 of the course, a letter from her physician stating that she is allowed to take radiographs on a fellow student. No radiographs will be taken on a student who is pregnant. _____

Please initial here

Education History

Are you currently a student (high school or college)? **Y** **N**

High school—last grade completed: _____ Diploma awarded? **Y** **N**

Other education: _____ Degrees/Certificates awarded:

Please give detailed answers to the following questions, in your own handwriting:

1. Describe the responsibilities of your present or previous job (if never employed, describe how you handled a difficult school assignment or personal situation).

2. Would you describe yourself as detail-oriented? Please give an example.

3. Do you foresee any potential problems with being able to attend and be on time for 15 consecutive Saturday classes (transportation, childcare, etc.)?

4. How do you feel about working in patients' mouths, in the presence of germs, saliva and blood?

5. What about your personality would make you a good student and an asset to an employer?

6. What are your strengths? What are your weaknesses?

General Agreement

I understand that any misrepresentation, falsification, or material omission of information in this application may result in my failure to receive an offer for admission, or if I am admitted, my termination of enrollment from N.O.D.C. School for Dental Assisting.

Applicant's Signature

Date

Parent's/Guardian's Signature (if applicant under 18 years old)

Date