



background? Yes □ No □

Name:					
Last	First	Middle	Maid	len	
Address:					
Number	Street	Apt #	City	State	Zip code
Primary Phone: ()_		Oth	ner Telephone: (_)	
Date of Birth:/_	/ Military Ac	tive Duty, Vetera	n or Active Milita	ry Spouse? `	Yes □ No □
Social Security No:	_// (Man	datory) Are you l	egally able to wor	k in the U.S.	? Yes □ No □
Email:		Driver's License	#		_
High School Diploma/GI Name of School:		City:		State:	
Name as it appears on y	-				
Have you pursued educ					
Are you currently worki	ng? If so, where? _				
HOW DID YOU HEAR AB Please specify:			Newspaper 🗆	Other 🗆	
Which session are you i	nterested in attendi	ng?			
METHOD OF PAYMENT:					
I have selected the follo	wing payment plan				
•	deposit due on enro 5% discount for pa	•			•
□ Option 2: \$300	deposit due at least class, \$1,200 due th		•		

DISCLAIMER: Health care professionals are not allowed to maintain employment if a criminal record is found. You

will be expected to complete a self-query by the American Association of Dental Boards and the National Practitioner Data Bank when you apply for your Registered Dental Assistant License. Do you have a criminal

DENTAL GENIUS ASSISTING SCHOOL ESSAY

1). Tell us a little about yourself.		
2). Explain in detail why you are interested in de	ental assisting?	
3). What are your short and long-term goals?		
4). How would you best describe your experien	ce with schooling so far?	
Please include your updated resume with this ap All information stated above is true and correct:	• •	
All illiormation stated above is true and correct.	•	
Printed Name:		
Signature:	Date:	