

# Dental Assistant Training Academy Application

(Ms/Mr): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Last First MI

Street Address City State Zip

Permanent Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship Home/Cell/Work

High School or GED: \_\_\_\_\_

College: \_\_\_\_\_  
Name Graduation Date or Date of Completion

College Attended Date Attended Major Degree Received

Work Experience: (Begin with most recent)

Date of Employment	Employer	Position	Full Time/Part Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about our program? \_\_\_\_\_

The training will begin on \_\_\_\_\_, 20 \_\_\_\_\_ and end on \_\_\_\_\_, 20 \_\_\_\_\_.  
I understand & agree to abide by all the provisions set forth in the forgoing enrollment agreement.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
School Representative

REGISTERED UNDER THE UTAH POST SECONDARY PROPRIETARY SCHOOL ACT (TITLE 13, CHAPTER 34 UTAH CODE)

Registration under the Utah Post Secondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether credits, degrees, or certificates from the institution will transfer to other intuitions or meet employers' training requirements. This may be done by calling the prospective school or employer.

The institution is not accredited by a regional or national accrediting agency recognized by the United States Department of Education. Dental Assisting Training Academy L.L.C. is bonded.