



**Dental Assistant
Training Centers**
Knowledge Shared

Application for Admission

Date: _____

Legal Name _____
Last First Middle Preferred

Birth Date _____ Place of Birth _____
mm/dd/yyyy City State Country

How did you hear about our program? _____

Preferred method of communication
(Circle ONE) Text Email Phone

Email Address _____

Day phone _____ Cell phone _____

Permanent Home Address
Number and Street Apartment #

City/Town State/Province Country Zip/Postal Code

Current Mailing Address
Number and Street Apartment #

City/Town State/Province Country Zip/Postal Code



2) Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR.

***** These courses are all included in the DATC Training Course. CPR Expires 2 years after certification date.*

