



## 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



- Enrollment Dates**
- **February 23, 2019**
  - **February 22, 2019**

**ACADEMICS**

Secondary Schools

Current or most recent secondary school attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Graduation Date \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Address \_\_\_\_\_  
City/Town State/Province Country Zip/Postal Code

GED \_\_\_\_\_  
mm/dd/yyyy

**Personal Information**

List skills, honors, or traits you believe would be beneficial as a dental assistant (If additional space is needed attach a separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this completed application along with official sealed transcripts, a \$50.00 non-refundable application fee and a short essay explaining "Why Dental Assisting and what I can bring to the Profession" to:

DATC, Inc.  
150 West Crescent Square Drive  
Graham, NC 27253

**DAII Disclosure Statement** – A student completing all requirements of this program will be classified as Dental Assistant I in North Carolina. Dental Assistant II classification requires successful completion of:  
1) Full-time employment and experience as a chair-side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;  
\*\*\*\*a) a 3-hour course in sterilization and infection control;  
\*\*\*\*b) a 3-hour course in dental office emergencies;  
\*\*\*\*c) radiology training consistent with G.S. 90-29(s)(12); and  
\*\*\*\*d) current certification in CPR; or  
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.*

