

Creative Smile Institute

DENTAL ASSISTANT PROGRAM APPLICATION

APPLICATION FOR THE PROGRAM BEGINNING Class of 2014 Washington, D.C.

Each applicant to the Dental Assistant Program must submit: (a) the completed application form; (b) a typed or hand-printed narrative of at least one paragraph in length explaining the applicant's interest in the program as well as his/her desire for admission. If desired, the applicant may include a resume.

APPLICANT INFORMATION:

| | | | | |
|----------------|------------|----------------|----------------|--------------|
| Last Name | First Name | Middle Initial | | |
| Address | City | State | Zip | Phone Number |
| E-mail Address | SSN | | Marital Status | |

EDUCATION:

List most recent first.

| Name & Address of Educational Institution | Dates Attended | Degree/Diploma/Certificate Completed | Date Awarded |
|---|----------------|--------------------------------------|--------------|
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Applicant Name: _____

Do you have any health problems that might prevent you from completing this course?

Yes_____ No_____ (If you answered "yes," explain on a separate sheet and attach to application)

As a Dental Assistant Student, I understand and agree to: (please initial each)

- ___1. Uphold the high standards of service maintained by the Creative Smile Institute throughout the world.
- ___2. Not expect or accept any pay or services (favors) for my service.
- ___3. Wear a Creative Smile Institute name tag when on duty and adhere to the Creative Smile Institute dress code at all times.
- ___4. Hold in confidence all personal information about clients or other workers which I may learn while on duty and understand that breaches in confidentiality can lead to my dismissal as a Creative Smile Institute Dental Assistant Student.
- ___5. Work under the supervision of a Creative Smile Institute chairperson and notify him/her of any illness or problems that occur during the training period.
- ___6. Consider my training as a firm commitment, requiring attendance in classes and training in the dental clinic for a period of ten (10) weeks. (Absences may result in dismissal from the training program.)
- ___7. Maintain current immunizations.
- ___8. Be responsible for my own child care arrangements and ensure that my child(ren)'s immunizations are current.

The Dental Assistant Program is a ten weeks, 8 hours per week commitment by the student. Dental Assistant Students work primarily days, Monday through Friday, whenever the Dental Clinic is open. Holidays will be granted according to the holiday schedule observed by the Dental Clinic. Students are required to sign-in the number of hours worked on a daily basis.

The student must adhere to the aforementioned guidelines. The student must also attend a general Creative Smile Institute orientation at the Creative Smile Institute Office and CPR training as required by the program. Child care is not provided by Creative Smile Institute.

Both the procurement of and payment for child care is the sole responsibility of the student.

No credit will be earned for partial completion of the course.

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Applicant Name: _____

I, _____, understand and agree to the
aforementioned conditions upon acceptance to the Dental Assistant Program.

Date _____ / _____ / _____

Month Day Year _____ SIGNATURE

To assist us in determining our compliance with Federal Statutes addressing Equal Opportunity,

Please check the appropriate box below indicating your ethnic background:

- American Indian Asian/Pacific Islander Black Hispanic
 White Other

FOR DENTAL CLINIC USE ONLY

Date of interview _____ / _____ / _____ Accepted into program? _____ Yes _____ No

(Make a copy of this entire application for your files and return the original to the Creative Smile Institute Office after program admission decision is made.)