



**NODC SHOOOL FOR DENTAL ASSISTING  
APPLICATION FOR ADMISSION**

Date: \_\_\_\_\_

Have you applied to the School before?    **Y**    **N**

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last \_\_\_\_\_

Address: (Number, Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_

(Work or Cell #) \_\_\_\_\_

Are you age 18 or older?    **YES**    **NO**

Are you right- or left-handed?    **Right**    **Left**

Do you have any physical limitations or special requirements?    **Y**    **N**

If yes, please explain:

\_\_\_\_\_

Do you have any dental assisting experience, or employment by a dental office now or in the past?    **Y**    **N**    If yes, please list your skills directly related to dental assisting:

\_\_\_\_\_

Although not mandatory, we strongly recommend that **if you know you are pregnant, or will be at the start of the course**, that you wait to enroll until after your delivery. We have found that, due to the short nature of the course and the extensive amount of information taught therein, it is much more likely that a pregnant student will suffer—either physically or by missing enough of the course to be unable to graduate with her class. No pregnancy is completely predictable. Any student who is pregnant must submit to the School Director, no later than Week 3 of the course, a letter from her physician stating that she is allowed to take radiographs on a fellow student. No radiographs will be taken on a student who is pregnant. \_\_\_\_\_

Please initial here

Education History

Are you currently a student (high school or college)?    **Y**    **N**

High school—last grade completed: \_\_\_\_\_ Diploma awarded?    **Y**    **N**

Other education: \_\_\_\_\_

Degrees/Certificates awarded: \_\_\_\_\_

Please answer the following questions:

1. Do you foresee any potential problems with being able to attend and be on time for 15 consecutive Saturday classes (transportation, childcare, etc.)?
2. How do you feel about working in patients' mouths, in the presence of germs, saliva and blood?

**The following is required by the Board of Regents, for reporting purposes only:**

Date of Birth: \_\_\_\_\_

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

Race: (please circle):

- 1) Asian
- 2) American Indian or Alaskan Native
- 3) Black, Non-Hispanic
- 4) Hispanic
- 4) Native Hawaiian or Other Pacific Islander
- 6) White, Non-Hispanic
- 7) Foreign, Non-Resident
- 8) Race ethnicity Unknown
- 9) Two or More Races

Gender: (please circle):

F = Female

M = Male

A = Another gender than Provided Categories (Men/Women)

U = Unknown or not provided

Are you a citizen of the United States of America? (please circle):    YES    NO

What parish do you currently reside in? \_\_\_\_\_

General Agreement

I understand that any misrepresentation, falsification, or material omission of information in this application may result in my failure to receive an offer for admission, or if I am admitted, my termination of enrollment from N.O.D.C. School for Dental Assisting.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature (if applicant under 18 years old)

\_\_\_\_\_  
Date