



## Dental Assistant Program Student Application

[Please print legibly]

Name (Last, First, MI): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ TX DL: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

In case of emergency contact: \_\_\_\_\_

	Name	Phone	Relationship
Educational Record:			
High School Attended or GED	City	State	Graduation Month      Year

All applicants must have their high school diploma or GED certificate to be eligible for admission.

Have you attended college? Yes  No

College, technical or other post-secondary school	City	State	Dates		Certificate, degree or diploma received
			Start	End	

Work Experience (from most to least recent):

Company	City	State	Dates		Reason for Leaving
			Start	End	

Dental Interest/Experience:

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Career Goals:

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Personal Goals:

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Name: \_\_\_\_\_

As a student of Sonrisas Training Center you:

- **Must** be at least 18 years of age at the start of first class
- **Must** have your high school diploma or GED (Copy of Diploma required)
- **Must** complete an essay stating why you want to become a Dental Assistant (to be written on next page)
- **Must** have a tour and in-person interview

I understand that as a Sonrisas Training Center Dental Assistant Student, I will be exposed to blood and bodily fluids. Sonrisas Training Center will not be held responsible for injury sustained during clinical and externship experiences. I understand that as a student I must comply with state and federal HIPAA privacy protection and OSHA policies. I understand that if I am accepted into the Dental Assistant Program, there will be \$500 registration fee due at the time of acceptance to reserve my spot, payable in the form of cash, check, or card and will be applied to the total cost of the program.

I further understand that to determine my status for admission, officials of Sonrisas Training Center will rely upon the information submitted herein. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds of rejection of my application, withdrawal of offer of my acceptance, cancellation of enrollment, or appropriate disciplinary action. Sonrisas Training Center grants equal admission and training opportunities to qualified persons without regard to race, color, sex, religion, national origin or any other characteristic protected by law.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

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

After completion of the application and essay, scan and email to [training@sonrisasdentalcenter.com](mailto:training@sonrisasdentalcenter.com) (in high definition).

