

# Dental Assisting Training Academy Application

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

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

High School Name or GED: \_\_\_\_\_

Graduation Date or Date of Completion \_\_\_\_\_

College: \_\_\_\_\_

Date Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree: \_\_\_\_\_

## Most Recent Employment

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Date of Employment	Employer	Position	Full Time/Part
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Date of Employment	Employer	Position	Full Time/Part
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The training will begin on \_\_\_\_\_, 20 \_\_\_\_\_ and end on \_\_\_\_\_, 20 \_\_\_\_\_.

I understand & agree to abide by all the provisions set forth in the forgoing enrollment agreement.

Student: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative:

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTERED UNDER THE UTAH POST SECONDARY PROPRIETARY SCHOOL ACT (TITLE 13, CHAPTER 34 UTAH CODE) Registration under the Utah Post-Secondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether credits, degrees, or certificates from the institution will transfer to other institutions or meet employers' training requirements. This may be done by calling the prospective school or employer. The institution is not accredited by a regional or national accrediting agency recognized by the United States Department of Education. Dental Assisting Training Academy L.L.C. is bonded.

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