

National School of Dental Assisting  
P.O. Box 8534  
Breckenridge, CO 80424  
ph: (800) 383-3408  
fax: (720) 294-8395



**Dental Assisting Program**  
*Approved and Regulated by the Division  
of Private Occupational Schools of the  
Colorado Department of Higher Education*

## APPLICATION

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever been convicted of a drug-related offense?  Yes  No

In case of emergency, whom should we contact? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EDUCATIONAL DATA

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: Fresh. Soph. Jr. Sr. Grad. Degree:  Yes  No  
 Yes  No Completion date: \_\_\_\_\_

SCHOOL	NAME AND LOCATION	GRADUATED (Y/N)	MAJOR	GPA
Grammar School				
High School				
College				
Other (Specify)				

Subjects of Special Study: \_\_\_\_\_

Special Training and Skills: \_\_\_\_\_

### EXPERIENCE

Please state briefly why you wish to attend dental assisting school. *(You may use the space provided below, or attach a separate piece of paper.)*

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

Please describe any dental office experience you have had up to now. *(You may use the space provided below, or attach a separate piece of paper.)*

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

### REFERENCES

Character References: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	BUSINESS
1.			
2.			
3.			

Do you authorize CSDA to contact your references?  Yes  No

What session you are interested in applying for?

\_\_\_\_\_

Dental Assistant:

I certify that all the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_