

DENTAL ASSISTING APPLICATION
Pasadena City College

Print Name _____
Last First

Social Security # _____

Address _____

City _____

State _____

Zip Code _____

Email _____

Phone () _____

Name of U.S. high school(s) attended, GED or evaluation report and date graduated: _____

_____ High School grade point average: _____

College degree(s) and date: _____

List all colleges attended and GPA for each college: (1) _____ GPA: _____

(2) _____ GPA: _____ (3) _____ GPA: _____

NOTE: One official transcript of all colleges and high school/GED attended must be submitted with this application. A second official transcript must be sent to the Office of Admissions.

This application is for: _____ Full Time _____ Part Time

Preferred entrance: _____ Fall Semester _____ Spring Semester _____ Winter Intersession

Ethnic Background		
_____ Asian/Pacific Islander	_____ Black/African American	_____ Caucasian, non-Hispanic
_____ Hispanic	_____ Native American	_____ Other
_____ Decline to state		

Have you ever attended a Dental Assisting program and not completed the program? **Yes / No** (circle one). If yes, list the courses completed: _____

Special Statement: *This program is approved by the California Committee on Dental Auxiliaries (COMDA) and is accredited by the Commission on Dental Accreditation of the American Dental Association. Upon successful completion of the curriculum, a student is eligible to take the national written (CDA) exam to obtain the Certified Dental Assistant status and the California State Board written and practical (RDA) examination to obtain a Registered Dental Assistant License. Applicants for RDA licensure are required to submit official fingerprints and undergo a criminal history investigation prior to receiving a license. The law provides for denial of licensure if you have been convicted of certain felonies.*

Previous/Maiden Name (if applicable)

Signature

Date

Note: Acceptance into the program may be based on the outcome of a criminal background check.