

## **DENTAL ASSISTING APPLICATION**

NAME	:									
	Last	First			Middle					
Foothi	ill Student <b>CWID Number (requi</b>	ired):		_						
If you don't have a FH ID number, you will need to register at: <a href="http://www.foothill.edu/admissions.php">http://www.foothill.edu/admissions.php</a>										
There is no cost involved to register for the college.										
Please	e list any other name(s) by which	n you have been known	:							
Addre	SS	City			State	Zip				
Home	Phone	Cell Phone								
Valid E	Email Address:				·					
Have you previously applied to the Foothill College Dental Assisting Program? Yes No										
Indicate year(s) of previous applications:										
PRIOR EDUCATION  High School from which you graduated: Year:  (If you received your HS Diploma/degree outside of the United States, please indicate the City and Country where you've received it)										
City		Country								
Do yo	u have a high school diploma?	Yes (	No	$\bigcirc$						
If no, o	do you have any of the following	g?								
a.	GED certificate	Yes (	No	$\bigcirc$						
b.	High school diploma outside th	ne U.S. Yes	No	$\bigcirc$						
Note: Attach a PDF copy of your (foreign or domestic) high school transcript or diploma or GED. If not available, attach a short letter of explanation in PDF form. ( <b>Required</b> )										
and v	e list the name, starting and end ocational schools attended. Not have been completed: <b>Do not</b>	You must include colle	eges in whic	h courses	were attempte	d although they				
	Name of School/College	City and	State		Dates Attended	Degree/s Received				
1										
2										
3										

## TECHNICAL STANDARDS FOR THE FOOTHILL COLLEGE DENTAL ASSISTING PROGRAM

The following statements identify the technical standards needed for the dental assistant and for students enrolled in the Foothill College Dental Assisting Program.

The Dental Assistant/student must possess sufficient strength, motor coordination and manual dexterity. Please answer the following questions.

Do you possess sufficient finger dexterity and eye/hand coordination to perform large and small motor coordination?	Yes O	No O
Are you able to perform skills related to emergency procedures?	Yes O	No O
Are you able to communicate both verbally and non-verbally in an effective manner to explain procedures and give instructions?	Yes O	No O
Are you able to understand and react quickly to verbal instruction?	Yes O	No O
Do you possess eyesight capable of viewing small visual images, and distinguish between black, white, and subtle shades of grey?	Yes O	No O
If you cannot perform one or more of the technical standards identified above jobs required of a dental assistant. Please explain any difficulties you might h	-	fficulty performing the
If you're unable to obtain any transcripts, please explain why. Or, if there is an		like to include with your
application you're welcome to type it below or attach any pdf document on th	ne Checklist page.	
Are you interested in receiving ONLY the certificate in Dental Assisting?	_	
Have you completed your college's General Education Requirements? Yes	s $\bigcirc$ No $\bigcirc$ In	Progress O
(You must complete them to be eligible to receive a Dental Assisting Associate	e's Degree.)	

## **DENTAL ASSISTING APPLICATION CHECKLIST**

<b>✓</b>	Please make a $\checkmark$ or <b>attach</b> to completed everything in your <b>Note:</b> the documents you uple	, , , , ,				
	I fully read the Dental Assistin	g Online Application Instruction	s before applying. (Required)			
	I accurately filled the Dental A (Required)	Dental Assisting Online Application and met the Technical Standards.				
		reign or domestic) high school t tter of explanation in PDF form.	ranscript or diploma or GED. If (Required)			
		the program, I understand that evious institution(s) if any to Fo				
	If your transcripts are unavailable have to order Foothill and De If your college does not offer	'B.S./B.A. degree don't have to sable, please include a short explantation of the control of the	anation on page 2. You don't ease order official transcripts			
	•	ments that may need to be consion from a country outside the U	sidered with your application, J.S., or other foreign documents			
	Please review your app	plication thoroughly, before	signing it.			
<u>s</u>	igning the application wil	l submit your	application.			
application. Appl	•	o changes will be allowed af ication per year. Please mal very important.	•			
You will be emaile provided.	ed a copy of the application,	for your records. Please rev	iew the email you have			
My signature verifi	es the accuracy of my applicat	ion:				
Signature	Printo	ed Name	Date			