

Greater Hartford Orthodontic Assistant Training Academy

55 Town Line Rd.

Wethersfield, CT 06109

Phone: (860) 529-9555 Fax: (860) 563-4330

Admission Application

_____ 8Wk. Program _____ 7Wk. Accelerated Program (*Applicable for students who have graduated from or are currently enrolled in a general dental assisting program*)

STUDENT INFORMATION

Last First Middle

Address City State Zip

Date of Birth Phone # Email Address (optional)

Emergency Contact Name Phone # Relationship

EDUCATIONAL INFORMATION

High School Attended Graduation Date Higher Education Attended Graduation Date

List any Certificates or Diplomas Achieved Program Referral Source

Employer Address Phone #

ADMISSION REQUIREMENTS

1. A **non-refundable fee of \$100.00** must accompany this admission application. The application fee will be applied toward the tuition.
2. Any student applying for the accelerated program must produce a **copy of the radiology certification**.
3. All students must give the school director verification of at least the first round of the 3 part Hepatitis B Vaccination series.
4. Students must have a High School Diploma or G.E.D. Certificate
5. Students must be 18 or older by the first class

Signature of Student _____

OFFICE USE ONLY:

_____ Paid Application Fee
_____ Gave Proof of first round of Hept. B Vaccination
_____ Produced High School Diploma / G.E.D. Certificate