

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into any Dental Assisting Certificate.

Signature of Applicant

Date

For Office Use Only

GPA	ACT reading	Accuplacer Read	ENG 097/111	HIT 125