

## Owens Community College School of Nursing and Health Professions Dental Assisting Certificate Application

## Complete using legal name

complete using legal name					
OCID#					
Last Name	First Name		Middle Initial		
Maiden Name (if applicable)	Other Name (listed on transcripts)				
Current Address	City	State	Zip		
Permanent Address	City	State	Zip		
Cell Phone	Home Phone	Work Phone			
Owens Email address:					
Provide Academic Information					
Are you or have ever been a student at Owens State Community College?					
O Yes O No					
If yes, list semester and year of first courses taken at Owens.					
Have you taken college level courses, graduated from a technical secondary program or have military experience for which credit may be transferred to Owens?					
O Yes O No					
If yes, submit an official transcript to Record from each college, technical program or military training program. Transcripts should be received at least six weeks prior to application date.					

\*Note: If you have been convicted of a felony you may not be able to work in all practice settings that require a criminal background check.

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 Appli	cant		Date			
For Office U	se Only					
GPA	ACT reading	Accuplacer Read	ENG 097/111	HIT 125		