

# ADVANCED DENTAL CAREERS DENTAL ASSISTING COURSE APPLICATION

Please complete and mail with \$75 application fee to:  
**Advanced Dental Careers**  
 4933 Benchmark Center Drive  
 Swansea, Illinois 62226

**NAME:**  
 Last \_\_\_\_\_ First \_\_\_\_\_

**ADDRESS:**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT:**  
 Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Email address \_\_\_\_\_

**BIRTHDATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SOCIAL SECURITY** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How did you hear about our class? \_\_\_\_\_

I hereby state that I graduated from \_\_\_\_\_ high school on  
 \_\_\_\_\_ (month/yr) or received a GED or equivalency. This is for the purpose  
 of the admissions process.

\_\_\_\_\_  
 SIGNATURE DATE

**APPLICATIONS ARE DUE 2 WEEKS BEFORE THE START OF CLASS.  
 AFTER THAT, PLEASE CALL TOM AT 618-541-6949 TO GUARANTEE YOUR SPOT**

<b>OFFICE USE ONLY</b>			
<b>\$75.00 application payment</b>			
<b>Method of payment</b>		<b>Payment completed</b>	
<b>Date course started</b>		<b>Date course completed</b>	
<b>Welcome Email Sent</b>		<b>Internship Completed</b>	