

ADVANCED DENTAL CAREERS DENTAL ASSISTING COURSE APPLICATION

Please complete and mail with \$75 application fee to:
Advanced Dental Careers
ATTN: Applications
2648 Osage
St. Louis, MO 63118

NAME: Last _____ First _____

ADDRESS: Street _____
City _____ State _____ Zip _____

CONTACT: Home () _____ Cell () _____
Email address _____

BIRTHDATE ____/____/____ SOCIAL SECURITY _____-____-____

How did you hear about our class? _____

Which session do you wish to apply for *(please mark one)*:
 Winter (January) Spring (March) Summer (June) Fall (September)

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**

OFFICE USE ONLY			
Welcome Email Sent		Internship Completed	