



SCHOOL OF ALLIED HEALTH

Allied Health Science Bldg., Suite 160
3211 Providence Drive
Anchorage, Alaska 99508-8371

Dental Programs
Voice: (907) 786-6929
Fax: (907) 786-6938

Dental Assisting Application

Please Type

Fall _____

Please indicate the year you wish to be considered as a candidate for selection into the Dental Assisting Program. To be qualified as a candidate you must **complete** all prerequisites; have your transcripts evaluated by UAA (non-UAA courses only), your application and recommendations must be **received** in the Dental Programs office by August 1st of the year indicated.

General Information

Name: _____
Last First Middle

Address: _____
Number and Street (PO Box)

City State Zip Code

Student ID: _____

Telephone: Home: _____ Work/Message: _____

Email Address: _____

Do you have any physical or mental disabilities? (If yes, please explain) _____

Education

Complete the information below. Request official transcripts from the school(s) you attended and send directly to dental programs.

College: _____
Name City/State Dates Attended Graduation Date

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If you are submitting documents and/or records under a previous name, please list the name(s) that will appear on the document(s)/record(s) below.

Please list any courses currently being taken and the institution at which you are enrolled.

What other responsibilities have you had while attending school?

Work History

Employer(s)	Position	Dates	Reason for Leaving

Do you prefer working alone or as a team member? (Explain)

Miscellaneous

Have you applied to either UAA dental program in the past? Yes No

If yes, which Program? DA DH When? _____

Were you: Accepted as a Student Accepted as an alternate Not Accepted

If accepted; reason for not enrolling:

Have you ever been convicted of a misdemeanor felony related to illegal use, possession, or forgery of confidential materials, drugs, prescriptions, etc.? *Conviction record is not an automatic bar for consideration or selection.* Yes No

If yes, please explain and list place of conviction, date and offense.

Have you ever been diagnosed as having a contagious disease that may potentially compromise the health of clinical patients or classmates? *Diagnosis of a contagious disease is not an automatic bar for consideration or selection.* Yes No

If yes, please explain.
