

## Application for Admission-Dental Assisting Levels I and II

### PERSONAL INFORMATION

Last (Family) Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone ( \_\_\_\_\_

Mailing Address (if different from permanent address)  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

O.E.N (Ontario Education #) \_\_\_\_\_

Are you a Canadian Citizen?      Yes            No

*If you answered no, please attach a copy of your Student Visa or other residency documentation.*

Permanent Resident

Student Authorization

Refugee Status

Other (Please specify) \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about the Southern Ontario Dental College?  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

Please list your most recent school first.

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

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**I hereby certify that all statements made on this form are correct and complete. I understand that any misrepresentation of information may result in the cancellation of my admission or registration. Students wishing to perform intra-oral duties (Level II) in the Province of Ontario must apply to write the National Dental Assisting Examining Board examination (NDAEB). Upon successful completion of the NDAEB examination, SODC graduates will be registered and licensed to perform Level II Dental Assisting intra-oral duties in British Columbia, Alberta, Saskatchewan, Ontario, Manitoba, New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador. SODC graduates intending to practice in provinces other than those listed must contact those jurisdictions and regulatory authority and follow the prescribed registration/licensure procedures.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_