



Dental Health Education Application

Spring	Summer	Fall
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is a selective and competitive admission program. Admission into TDC Academy does not guarantee certification or completion of the program. Information must be submitted prior to starting the program. Additional information and required forms will be provided to you upon acceptance into the program

Applicants Information		
Name (First, M, Last)		
Mailing Address		
City	State	Zip
Daytime Phone	E-mail	

Education (Official transcript(s) must be sent)		
1. I have received a diploma from, or currently enrolled in High School, GED, or equivalent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of School	Location of School	Year received diploma/certificate
2. Do you have any experience in the health field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what:		

Read and Sign
I certify that the above information in this application is accurate to the best of my knowledge. I do understand that falsifying any of the information will result in being denied acceptance into the program.
Signature of applicant _____ Date _____

Please submit application before completing requirements below to: vhixson@tdcdental.com. Requirements are to be completed before and during program if accepted.

Requirements (If accepted, must be completed before the start of the program)
<input type="checkbox"/> Official transcripts sent to: TDC Academy 119 Country Ln. Jerome, ID 83338 or vhixson@tdcdental.com
<input type="checkbox"/> Submit health exam completed by a Physician / Nurse Practitioner / Physician's Assistant
<input type="checkbox"/> Submit record of immunization history (Hep B, Tuberculin screening, Tetanus)
(If accepted, must complete before completing the program)
<input type="checkbox"/> CPR certification