Dental Health Education Application

Spring	Fall
☐	☐

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	
How did you hear about us?		

Education

1. I have received a diploma from, or currently enrolled in High School, GED, or equivalent?		Yes	No
Name of School	Location of School	Year received diploma/certificate	
2. Do you have any experience in the health field?		Yes	No
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 an application before completing requirements below to: ***ldiaz.tdc@gmail.com.*** *Requirements are to be completed before and during the program if accepted.*

Requirements (If accepted, must be completed before the start of the program)

Official transcripts sent to: TDC Academy 119 Country Ln. Jerome, ID 83338 or ldiaz.tdc@gmail.com

Submit health exam completed by a Physician / Nurse Practitioner / Physician's Assistant

Submit record of immunization history (Hep B, Tuberculin screening, Tetanus)

CPR certification (will be complete as part of the program at no additional cost)