



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

## Dental Health Education Application

*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 <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 an application before completing requirements below to: [learnwithtdc@gmail.com](mailto:learnwithtdc@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)	
<input type="checkbox"/>	Official transcripts sent to: TDC Academy 138 Country Ln. Jerome, ID 83338 Suite 1 or <a href="mailto:learnwithtdc@gmail.com">learnwithtdc@gmail.com</a>
<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)



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