

**DENTAL ASSISTING**

**Application period: January 11, 2021 through 5:00 pm March 5, 2021. All Applications are to be mailed to the Health Sciences Department postmarked by the deadline.**

Date Stamp When Received:

HEALTH SCIENCE DEPARTMENT  
Santa Rosa Junior College  
1501 Mendocino Avenue  
Santa Rosa, California 95401  
(707) 527-4271 • (707) 527-4426 Fax

**APPLICATION FOR ADMISSION TO THE DENTAL ASSISTING PROGRAM  
Fall 2021**

**Please print neatly and clearly**

SRJC Student ID#: \_\_\_\_\_ *you must submit an SRJC College Application to obtain this number* (<https://admissions.santarosa.edu/new-or-returning-students>)

NAME IN FULL: \_\_\_\_\_  
Last First Initial

Previous last names that may appear on your records:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**It is your responsibility to notify the Health Science office in writing should you have a change of address, phone number or email address**

All students who graduate from the SRJC Dental Assisting Program must complete the program requirements before they will qualify to take the California Registered Dental Assisting Examination.

In accordance with state law, the Dental Board of California may deny licensure for crimes substantially related to the practice of dental assisting. This includes convictions involving sex crimes, drug crimes (including DUI), and crimes of violence. It is the responsibility of the applicant to present sufficient evidence of rehabilitation to the DBC prior to licensure application. Upon acceptance into the DA program, any student who has had a conviction related to any of the above should contact the director of the program to discuss the problem, rehabilitation, and whether the DBC should be notified. Questions that students may have related to possible denial for licensure should be referred to:

Dental Board of California, 2005 Evergreen Street Ste. 1550, Sacramento, CA 95815  
www.dbc.ca.gov

An applicant for Registered Dental Assisting licensure in California must have a U.S social security number (SSN) or a Federal Employment Identification Number (FEIN) to achieve licensure in the State of California –January 1, 2016

Dental Board of California requires students to have High School Diploma or GED. **You must have a High School Diploma or GED before entering the dental assisting program.**

Will you have HS diploma or GED by the beginning of the Fall semester 2021?  Yes  No

State Radiology Safety regulations require that all students be at least 18 years of age to be enrolled in any radiology class. **YOU MUST BE 18 YEARS OLD AT THE TIME THAT THE PROGRAM BEGINS.**

Will you be at least 18 years old at the beginning of the Fall semester 2021?  Yes  No

**IMPORTANT:**

Have you completed an [\\*SRJC College Application?](#)  Yes  No

Have you ever been enrolled in a dental assisting or dental school program at another institution? Please list \_\_\_\_\_  Yes  No

Have you applied to this program before?  Yes  No  
If so, when did you apply? \_\_\_\_\_

**You MUST list ALL colleges and high schools attended beginning with the most RECENT.**

Dates From - To	Institution and Address	Diploma, Degree or Certificate	Date Conferred
____ - ____	_____ _____	_____	_____
____ - ____	_____ _____	_____	_____
____ - ____	_____ _____	_____	_____

Documents submitted to the Health Sciences Department become the property of the department and may be disposed of at our discretion.

All completed applications must be postmarked by 5 pm on the deadline date.

**Deadline:**

**March 5, 2021**

**INCOMPLETE or LATE APPLICATIONS WILL NOT BE ACCEPTED.**

- **Applicants will be notified via email of the status of their acceptance into the Dental Assisting Program 6-8 weeks after the application deadline.**
- Please **do not** call or email the Health Science Department for application or acceptance status.
- If you wish verification that your paperwork was received, mail your application by certified mail with a return receipt .
- Please make sure you have included a reliable email address in this application.
- Any changes to your contact information must be reported to the Health Science Office at the address at the top of the application.

**I certify under penalty of perjury that the statements in this application are true to the best of my knowledge and ability. Falsification of information on this application will be considered grounds for dismissal.**

\_\_\_\_\_  
**Print Name**

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

\_\_\_\_\_  
**Date**