

Application period: January 14, 2020 through 5:00 pm March 5, 2020. All Applications are to be turned in to the Health Sciences Department by that deadline.

Date Stamp When Received:

HEALTH SCIENCES 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 2020**

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 Sciences office in writing should you have a change of address, phone number or email address

In accordance with state law, the Dental Board of California may deny licensure for crimes substantially related to the practice of dental hygiene. 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

IMPORTANT

Have you completed an *[SRJC College Application](#)?

Yes No

Have you ever been enrolled in a dental assisting or dental school program in another institution? Please list _____

Yes No

Have you applied to this program before?

Yes No

If so, when did you apply? _____

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 2020?

Yes No

You MUST list ALL colleges and high schools attended beginning with the most current

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

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.

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

All completed applications including official transcripts must be received or postmarked by 5 pm on the deadline date.

INCOMPLETE or LATE APPLICATIONS WILL NOT BE ACCEPTED.

Deadline:

March 5, 2020

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 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.

Please do not call or email the Health Sciences Department for application or acceptance status. If you wish verification that your paperwork was received, please mail your application by certified mail with a return receipt or hand deliver it to the Health Sciences office in the Race Building and a receipt will be provided to you.

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 _____