

# Fayetteville in Office Dental Assistant School

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\* Get your application in as soon as possible to reserve a class time.

## Fayetteville In Office Dental Assistant School Application

4102 N. Mall Ave. Fayetteville Arkansas, 72703

**Email completed form to [brenda@nwadentalassist.com](mailto:brenda@nwadentalassist.com).**

**Student's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**In case of emergency, who should we contact? Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### Education

**Do you have a high school diploma or G.E.D.?(required for acceptance)  Yes  No**

**Completion Date:** \_\_\_\_\_

SCHOOL	NAME & LOCATION	GRADUATED (Y/N)	MAJOR	GPA
High School			N/A	
College				
Other				
Other				

**Subjects of special study:**

\_\_\_\_\_

**Special Training and Skills:**

\_\_\_\_\_

### Experience

**Please state briefly why you wish to attend dental assisting schools:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe any dental office experience you have had up to now:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that all information provided is complete and accurate to the best of my knowledge.**

**Applicants Signature** \_\_\_\_\_

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