**1.B Admissions**

 **UNIVERSITY OF ALABAMA AT BIRMINGHAM**

 **SCHOOL OF DENTISTRY**

**DENTAL ASSISTING PROGRAM**

Please Glue 2x2 Picture here

 **APPLICATION**

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**Banner ID- For Office Use ONLY**

**INSTRUCTIONS FOR APPLICATION TO PROGRAM:**

***Please type or print neatly using dark ink***

1. When making application, please mail, fax or email a completed application and current photograph to:

**Address: Contact Information:**

**Dental Assisting Program The Dental Assisting Office**

**UAB School of Dentistry Phone Number: 205-934-5234**

**SDB 122 Box 55 Fax Number: 205-934-3057**

**1919 7th Avenue South kellemac@uab.edu**

**Birmingham AL 35294-0007**

2. Submit the following documents by mail, email, or Fax:

 A.) Official transcripts from high school

 B.) Official transcripts from all attended colleges

**Request transcripts and ACT score be sent to UAB Dental Assisting Program**

3. Contact the Dental Assisting office at 205-934-5234 to schedule your information session with a Dental Assisting Program faculty member

 **IMPORTANT: YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL YOUR APPLICATION FORM IS SUBMITTED, ALL TRANSCRIPTS AND ACT SCORE HAS BEEN RECEIVED AND THE INFORMATION SESSION HAS BEEN ATTENDED**



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| **Name:**  |   |   |   |
| **First** | **Middle** | **Last**  |
| **Address:**  |   |   |
| **Street**  | **Apt/Unit** |
|   |   |   |
| **City**  | **State**  | **Zip** |
| **Phone:**  |   |   |   |
| **Home** | **Cell** | **Work**  |
| **Email:**  |   |   |   |
| **Ethnicity:**  |   | **Sex:**  |   |  |
| **Social Security:**  |   | **Birthdate:**  |   |
| **Emergency Contact:**  |   |   |   |
| **Name**  | **Phone Number**  | **Relationship** |
| **Were you referred to this program? If yes, by whom:**  |   |
| **References:**  | **Name:**  | **Phone Number:**  | **Relationship** |
| 1.)  |   |   |   |
| 2.)  |   |   |   |
| **Alabama Resident:**  |   | **US Citizen:**  |   |

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| **FOR ALABAMA RESIDENTS ONLY:** |
| **\*To be considered for In-State you must certify by Signing the following statement\***  |
| "I certify that the address shown above is my residence in the State of Alabama, that I intend to remain in the State of Alabama indefinitely and that I have more substantial connections with the State of Alabama with any other state."  |
| **Signature of Applicant:**  |   |

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| **Education** |
| **High School** |   |
| **Name** | **City** | **State**  |
|  |  |  |  |  |
| **Pick status that applies to you:**  | * Regular High School Diploma
* Certificate of Completion
* Completion of GED
* Not a High School Graduate
 |
| **Graduation Date/Date Received:**  |   |
|  |  |  |  |  |
| **ACT Score:** |   | **Year Taken:**  |   |
|  |  |  |  |  |
| **Are you currently or have you ever been enrolled at UAB?**   |  |
| **List all school or colleges attended since leaving high school, including any current or anticipated enrollment:**  |
| **Name of Institution** | **City & State**  | **Dates Attended**  | **Graduate Y/N** | **Degree Earned** |
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| **Honors, Awards, or Scholarships Received:**  |   |   |   |
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| **Work Experience:**  |
| **Start with your present position and work back:**  |
| **Name of Employer** | **Title/Position** | **Dates: To-From**  | **Duties Performed** |
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| **Special qualifications and skills (licenses, certificates, office equipment, etc.):**  |   |    |
|   |   |   |    |
|   |   |   |    |
|  |  |  |  |  |
| **Have you ever been convicted of a felony?**  |   | **If yes, please list date and location:**  |   |
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| **Use this space to tell why you wish to enter the Dental Assisting Program. Add any additional information about yourself that you believe will give an indication of your interest and ability to profit by the education offered.**  |
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| **Certification:**  |
| **I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I also promise, if accepted, to obey all rules and regulations of the Dental Assisting Program and understand that the program reserves the right to compel the withdrawal of any student whose conduct at any time is not satisfactory to the UAB School of Dentistry or the Dental Assisting Program.**  |
|  |  |  |  |  |
| **Signature of Applicant:**  |   | **Date:**  |   |