## BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL DENTAL ASSISTING PROGRAM 207 Hart Street, Taunton, MA 02780 Admission Application

## Directions

Position:

- 1. Submit completed application and application fee to Bristol-Plymouth.
- 2. Non-refundable application fee of \$40.00 must accompany application. Cash, money order, and debit/credit payments are accepted; debit/credit cards may be processed over the phone by calling 508-823-5151, X240. Personal checks are NOT accepted.
- 3. Two letters of reference (preferably from employers) should be forwarded to Bristol-Plymouth. If letters from employers are not possible, please ask people who can speak to your dependability and determination.

See the Bristol-Plymouth Dental Assisting Program website for additional admission requirements: https://www.bptech.org/Page/161

GENERAL INFORMATION:			
Name	First	Middle	Maiden
	7 1131	Wildaic	Waldell
Address	City	State	Zip Code
Phone Numbers			
Preferred Phone	Alter	rnative Phone	
Email address:		······	
Are you Active Military or a Vet	eran of the United States Ar	med Forces? (select one)	Yes □ No □
EDUCATIONAL INFORMATIO	N		
High School Attended in the	United States:		
Name of School		City/Town	State
Graduation Date(or)	_(or) Equivalency (GED/ His	Set) Where attained	Date Issued
High School Graduate of Fore			
If you checked yes, you must p	rovide an official translation	and certified equivalency to	U.S. high school.
Country of High School Education Grad			luation Date
Post-Secondary Education (if	applicable, include courses	and/or certifications/degree	es completed or attempted):
Name of School		City/Town	State
Dates of Attendance	Major	Degree	_Certificate
EMPLOYMENT INFORMATION	/ WORK HISTORY		
Name of employer:		City, State:	
Dates employed:	Immediate Supervisor Name:		
Position:		Duties:	
Name of employer:		City, State:	
Dates employed:		Immediate Supervisor Name:	

**Duties:** 

BRIEF ESSAY: Please explain	in your own words your motivation to seek a	career in dental assisting.
writing. I acknowledge that sub of acceptance, or dismissal fron	ve provided is accurate and complete, and that mission of false information is grounds for rejo n the program. I have read the Program Admis sidered for Admission, to be accepted, and to b	ection of my application, withdrawal of any offer sion Policy and understand that I must comply
Signature		Date
	EQUAL EDUCATIONAL OPPORTU al School does not discriminate on the basis of race, color or homelessness status, or pregnancy or pregnancy-rel to its educational opportunities.	or, sex, gender identity, religion, national origin, sexual
This area for use by Bristol-P Application □	Plymouth Regional Technical School H.S/GED Transcript □	References:
Application L	11.5/5LD Hallbulpt LI	
Application Fee □	CED, NAEG, WES □	
	College Transcript □	
	College Hansonpt L	Interview □