



DENTAL TECHNOLOGY CENTER
OF HAWAII

1314 S. King St., Suite 864, Honolulu, HI 96814
Phone: (808) 291-2254
dtcofhawaii@outlook.com

Dental Assisting Program Application

Name: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Is your mailing address listed above the same as your physical address? Yes No

If no, please list your physical address below:

Address: _____

City: _____ State: _____ Zip: _____

Contact #: (Home) _____ (Mobile) _____

Email Address: _____

Marital Status: Single Married Divorced Separated Widowed

In case of an emergency, who may we contact for you?

Emergency Contact Name: _____

Relationship: _____ Phone #: _____



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Education Information:

Please complete the following information:

() High School: _____

Name	City, State	Year Graduated
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() GED: _____

Location	Year	Score
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Admission Requirements:

*High School diploma or GED Required, include a copy with application.

*Self Essay - Describe any special skills, work experience or training that you have which might be helpful to you in the program. Explain how you heard about this program and why you are applying.

*Complete the Dental Assisting Program application.

This application and all required materials must be mailed or hand delivered to:

**DTC of Hawaii
1314 S. King St., Suite 864
Honolulu, HI 96814
Attn: Admissions – Dental Assisting Program**

Applications may be completed online but all necessary forms must be scanned or mailed.



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Post Admission Requirements:

*Respond to accepting your admittance into the program by deadline date. (See acceptance letter and/or website for dates for the session you are applying for.)

*Attend mandatory Orientation Session. TBA

*Pass criminal background check

*Tuition must be paid in full by deadline (See acceptance letter and/or website for details.)

*Begin Dental Assisting Program

I have read and understand the admission criteria for Dental Technology Center of Hawaii Dental Assisting Program. I understand it is my responsibility to meet all program and application criteria and deadlines. I verify that all statements on this application are complete and true to the best of my knowledge. I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature: _____ Date: _____