

Answers Must Be Typed

Dental Radiology Course Application

Session applying for: Daytime Program [] or Evening Program [] Start Date _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home _____ Cell _____

Emergency Contact Name: _____ Phone _____

E-Mail: _____ SS# ____/____/____ Date of Birth: _____

How did you hear about us? _____

Admission Requirements:

- Applicant must be at least 18 years of age
- Must have high school diploma or GED
- Must be of good moral character
- Must have a minimum of 6 months, full-time, chair-side assisting experience

Provide These Documents: (must be scanned and sent with application)

- A copy of driver's license, passport, or birth certificate
- A copy of your High School Diploma or GED (Foreign diplomas must be evaluated for US equivalency: \$150 extra charge may apply)
- A letter from your employer stating you have 6 months full time as a dental assistant on their office letterhead

IMPORTANT: Your application will be considered incomplete if the above documentation is not provided with this application.

Moral Character Statement:

Are you of good moral character? Yes No

Have you ever been convicted of any offense of any federal or state law other than a motor vehicle traffic violation? Yes No

If "yes" give date(s) of conviction and type(s) of offense: _____

If "yes", has the court sentence(s) been completed? Yes No
(please submit documentation)

Dental Experience:

Office: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax : _____

Brief description of your chairside dental assisting experience: _____

Period of time employed in the dental office as a chairside dental assistant: Year(s)___ Month(s)___

Check One: Full time Part time

Are you currently working in a New Jersey dental office? _____

If YES, is this the facility you will be using to complete your clinical education? _____

Is this facility able to perform paralleling and bisecting angle procedures? _____

If NO, do you have another facility to complete your clinical education? _____

***It is the student’s responsibility to locate a New Jersey dental facility for clinical education.**

Fee: \$1,195 (This includes application, tuition, workbook, textbook, and lab fees)

Please check method of payment: Visa MasterCard Discover AmEx

Credit Card #: _____ Exp. Date: _____

Security Code: _____ Billing Address: _____

Cardholder’s Name: _____

Cardholder’s Signature: _____

Cancellations and Refunds

Withdrawals after class attendance has begun will result in reimbursement according to a pro-rated portion of the tuition calculated on a weekly basis minus the \$50 application-processing fee, \$250 textbook & workbook fee and \$150 laboratory fee. These fees are non-refundable.

Disclosure Statement

NJHPDI reserves the right to cancel or change any courses, instructors, dates and times. The fee charged is for tuition. All food served is complimentary.