



## Dental Assisting Technology Application (Revised 5/2013)

Applications will be considered after acceptance  
by Salish Kootenai College

### **ACADEMIC**

1. Date \_\_\_\_\_ Quarter/Year seeking admission \_\_\_\_\_
2. Declared Major \_\_\_\_\_
3. Full time  Part time
4. Have you taken the SKC Placement Test (TABE)? No  Yes   
If yes, date \_\_\_\_\_

### **PERSONAL**

5. Full Name \_\_\_\_\_
6. Address \_\_\_\_\_
7. Phone \_\_\_\_\_
8. D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex: Female  Male
9. Race: Caucasian  Native American  Hispanic/Latino  African American
10. Enrolled Tribal Member  Tribal Descendant
11. Tribe name \_\_\_\_\_

### **HEALTH**

12. Person to notify in case of an EMERGENCY:  
Name/Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
13. Check the general state of your health: Good  Fair  Poor
14. Please list any physical impairment or limitations (eyesight, hearing, speech, back problems, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you been hospitalized, had surgery, or been under the care of a physician or health professional for the treatment of a serious illness, injury or emotional condition in the past five years?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

17. Give information concerning schools attended:

High School \_\_\_\_\_ Location \_\_\_\_\_

Year Graduated \_\_\_\_\_ GED \_\_\_\_\_

18. Provide information concerning college, university, or vocational schools attended previously. Include present college now attending:

<u>Name of Institution</u>	<u>City/State</u>	<u>Date Entering</u>	<u>Date of Leaving</u>	<u>Diploma/ Degree</u>
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**EMPLOYMENT EXPERIENCE**

19. Provide employment history. List most recent first.

<u>Employer</u>	<u>City/State</u>	<u>Your Position</u>	<u>Dates</u>
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**BACKGROUND INFORMATION**

20. Failure to answer this question will result in the applicant being denied admission into the program.

Do you have any felony convictions within the last five years? No  Yes

If you checked yes, please explain: \_\_\_\_\_

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The record of a conviction would not necessarily prevent an applicant from being accepted or enrolled at Salish Kootenai College.

21. I certify that the statements in this application are true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed applications to:

Salish Kootenai College

Box 70

Pablo, MT 59855

**ATTENTION: DENTAL ASSISTING**

For questions regarding the Dental Assisting Technology Program call:  
Jennifer Hoff at 406-275-4907 or 406-275-4908