

APPLICATION FOR SELECTION TO DENTAL ASSISTING TECHNOLOGY

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4800



Social Security No. _____

Home Telephone No. _____ Cell Phone No. _____

Birth Date _____ E-mail address _____

INSTRUCTIONS

- A. Complete this form (PLEASE TYPE OR PRINT) and return to→
- B. Request the registrar of each high school or college you have attended to forward an original transcript from that institution to→

**Allied Health Programs
Office of Admissions
Nursing/Allied Health Center
1750 Chadwick Dr.
Jackson, MS 39204-3490**

PERSONAL DATA

Name _____
First Middle Maiden Last

Address _____
Street No. / P.O. Box / Route City State Zip

EDUCATIONAL DATA

1. List all colleges and professional schools attended.
Name of School City and State

Did you graduate?

- Yes No
 Yes No
 Yes No
 Yes No

Dates attended

to _____
mo/year mo/year
to _____
mo/year mo/year
to _____
mo/year mo/year
to _____
mo/year mo/year

INDIVIDUAL STUDENT DATA

The following information is needed for counseling regarding licensure requirements.

Do you have a history of alcohol or drug abuse Yes No

If yes, have you ever been rehabilitated? _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, Explain _____

Individuals who have been convicted, pleaded guilty or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility in Mississippi. Applicants convicted of a misdemeanor or felony offense may be denied licensure/certification.

I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment.

Signature _____ Date _____

-----Please do not stamp or write below this line - for Admissions use-----