

# 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-----