



Gwinnett Dental
Career Academy

www.gdcaweb.com

Application for Dental Assistant Certificate Program

(All information provided will be used for admissions process only.)

Name _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Education – Please include all previous schools attended including other career training programs.

Type of School	Name of School	Start Date	End Date	Area of Study	Did you graduate?
High School					

References – Please include two or more professional references that we may contact regarding your admission to this school. (Please **do not** include family members.)

Name	Relationship	Phone and/or email

Personal Statement – Please include a personal statement (250 words or less) on a separate sheet explaining what interests you about dentistry and why you believe that you want to be a dental assistant.

Mail this application, your personal statement, a copy of your high school or college diploma and your \$50 application fee to: Gwinnett Dental Career Academy, 2566 Lawrenceville Suwanee Rd., Suwanee, GA 30024

I certify that all of the data and information in this application is true, complete, and correct to the best of my knowledge. I recognize that incomplete or inaccurate information may result in denial or revocation of my admission to this program.

Signature _____ Date _____