



APPLICATION for CERTIFICATE IN DENTAL ASSISTING: CC-DA
MAY ADMISSION
 SUMMER TERM location: West Campus in New Port Richey
 Application accepted year round

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to: LAHApps@phsc.edu

All documents for the application must be submitted at one time. Official highschool/GED and college transcripts must be received by PHSC prior to submitting your application. Prior to submitting this limited access application, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Applicants will be admitted on a first qualified, first admitted basis. Eligible applicants will be assigned a place in the next available class. Applicants who do not respond to an offer of admission or who fail to enroll for the term for which admission is offered must reapply for a future date.

Reminder: Please provide a clear, enlarged copy of your driver’s license (must be active and valid) and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist. All materials must be submitted as a complete package to LAHApps@phsc.edu in a PDF format. If you are unable to email the packet, you can hand-deliver the application packet to Admissions at the West Campus. Applications not submitted to the email above or in-person at the West Campus will not be accepted.

PLEASE COMPLETE

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID	PHSC STUDENT EMAIL ADDRESS	PREVIOUS NAMES
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Dental Assisting program at PHSC. I understand that OFFICIAL correspondence will be sent only to my PHSC student email address listed above.

SIGNATURE	DATE
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FOR OFFICE USE

FOR COLLEGE STORE USE

DATE STAMP:

DATE: _____ CASHIER: _____

RECEIPT NO: _____

AMOUNT: _____