

# ADDITIONAL APPLICATION

## UFV Dental Program



Please submit this form in addition to a UFV Application for Admission.

### A. PROGRAM OPTIONS

Certified Dental Assistant

### B. PERSONAL INFORMATION

<b>Last name</b> (family name)	<b>First name</b>	<b>UFV student number</b> (if known)
<b>Former names</b> (copy of birth certificate/marriage certificate/change of name will be required)		
<b>Email address</b>	<b>Date of birth</b> (YYYY, MMM, DD)	
<b>Phone number</b> (with area code)	<b>Alternate phone number</b> (with area code)	
<b>Emergency contact's name</b>	<b>Emergency contact's phone number</b> (with area code)	
<b>Emergency contact's address</b>		
<b>Do you have any illness or disability to which our early attention may facilitate your participation with the program?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):		

### C. EDUCATIONAL INFORMATION

Aside from the previous high school and/or post-secondary experience you have indicated on your *UFV Application for Admission*, please list any other education you have completed (i.e., courses, seminars, conferences, etc.).

COURSES, etc.	INSTITUTION	COMPLETION DATE

Have you completed program prerequisites, as outlined in the UFV calendar ([www.ufv.ca/calendar](http://www.ufv.ca/calendar))?

Yes     No    **If no**, please explain prerequisites in progress: \_\_\_\_\_

**D. DENTAL EXPERIENCE** (if applicable)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER	CONTACT PHONE

**E. PUBLIC SERVICE EXPERIENCE** (for **Certified Dental Assistant** applicants)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER	CONTACT PHONE

**F. VOLUNTEER EXPERIENCE**

ORGANIZATION	CONTACT NAME	CONTACT PHONE	DUTIES

**G. REFERENCES**

CERTIFIED DENTAL ASSISTANT
<input type="checkbox"/> <b>Work</b> – letter of reference (submit with this form) <input type="checkbox"/> <b>Personal</b> – letter of reference (submit with this form)

**H. APPLICATION ESSAY**

Be prepared to write an essay at the information session. More details will be provided at the session.

I certify that the information provided is correct.	
Applicant's signature	Date