

**CERRITOS COLLEGE  
HEALTH OCCUPATIONS DIVISION  
APPLICATION FOR ADMISSION  
DENTAL ASSISTANT PROGRAM**

Date Submitted \_\_\_\_\_

When completed, email application along with supporting documents as one PDF file to:

[da-apps@cerritos.edu](mailto:da-apps@cerritos.edu)

Cerritos College Student Number \_\_\_\_\_

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Other names used)

Address: \_\_\_\_\_  
(Number Street) (Apt/Unit #) (City) (Zip)

Cell Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Why do you want to enter into this field? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special abilities or skills which you believe would make you an asset to this profession:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related Work Experience: (Submit letter to verify work/school/volunteer experience if applicable)

<u>Dates</u>	<u>Job Description</u>	<u>Employer/School/Volunteer</u>

II. EDUCATION

A. High School (list last high school attended and submit high school transcript)

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Name	Grade completed	Year graduated
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Address	City	State	Zip
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English Clearance/Requirement met/completed: \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure/Unknown

How was English Clearance/Requirement met/completed? \_\_\_ SRT (Self-Report Tool)

\_\_\_ Assessment Test \_\_\_ Coursework \_\_\_ AP Clearance \_\_\_ Other: \_\_\_\_\_

B. Colleges: Number of units completed \_\_\_\_\_ (submit transcripts)

Number of units in progress \_\_\_\_\_

1. \_\_\_\_\_

Name of College Major Degree/Units

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Address, City, State	Attendance Dates	G.P.A.
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2. \_\_\_\_\_

Name of College Major Degree/Units

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Address, City, State	Attendance Dates	G.P.A.
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3. \_\_\_\_\_

Name of College Major Degree/Units

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Address, City, State	Attendance Dates	G.P.A.
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I have read and understand the admission requirements and procedures for application.  
It is understood that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the Program.

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Applicant Signature

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Date