Your time.Your place.
Chesapeake College

P.O. Box 8, Wye Mills, MD 21679
Telephone: (410) 827-3412
Fax: (410) 827-5817

DENTAL ASSISTANT PROGRAM APPLICATION

COMPLETE THE FOLLOWING INFORMATION (Please Print):

Last 4 Digits of Social Security No. or Student ID No.: _____ Date of Birth: _____

Name: _____
Last First M.I. (or maiden)

Mailing Address: _____
Street or P.O. Box County

_____
City State Zip

Cell Phone: _____ E-Mail Address: _____

High School Diploma/transcript (please attach) ☐Yes ☐No

COLLEGE READINESS TESTS:

☐Check if exempt & provide documentation. Exemption information here: https://www.chesapeake.edu/admissions/accuplacer

Please enter the appropriate Assessment Score below.

Assessment	Score/Grade	Date Taken
Reading Comprehension (minimum score of 250 is required) must be taken prior to admission		

_____ _____
Date **Signature**

NOTE: Students interested in the Dental Assistant program are required to attend an orientation session. Please use this link to register for an orientation session.
https://www.chesapeake.edu/health-careers-orientation

Mail this application to: Non-credit Healthcare Programs
Chesapeake College
P.O. Box 8 1000 College Circle Wye Mills, MD 21679
or Fax it to (410) 827-5817.

For questions, please contact CEHealthcare@chesapeake.edu

Chesapeake College is an E.O.E. Institution