



ADMISSION CHECK LIST

Please:

- **ensure this list is attached to your application form**
- **mail application form to the Calgary location as all dental assisting applications for KDM Dental College are processed out of Calgary at #520, 940-6 Avenue S.W., Calgary, Alberta T2P 3T1**

Name: _____

Address: _____

Telephone Number including area code: _____

E-Mail Address (if available): _____

Program Start Date: _____

Students registering for the Dental Assisting Program must complete the following forms which are provided by the school (some exceptions may apply):

| | |
|---|--|
| √ | Documents |
| | *Completed Application Form (signed, dated and witnessed on page 2) |
| | *Official High School Transcripts |
| | *Registration Fee of \$300.00 (applied to overall tuition costs) |
| | *Completed Graduate Report |
| | Completed Dental Report |
| | Verification of Hepatitis B and Rubella (MMR) immunizations |
| | Verification of current Healthcare Provider (HCP) including Basic Life Support, Adult/Child CPR and Automated External Defibrillator Training. |

- * = required to process registration. The dental report, immunization verification, and CPR must be received by KDM prior to the first day of clinic.
- The Career Observation report is not mandatory for registration, however we have included a copy under forms and strongly suggest you use this report to assist with determining your suitability to the Dental Assisting program.
- Students are required to have a complete dental report, verification of Hepatitis B and Rubella immunizations, and verification of current Health Care Provider CPR prior to the first day of clinic. The dental examination should confirm that the student is in good oral health and has had a complete cleaning within the last 4 months.

How did you hear about us? _____