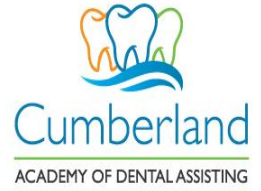


**Cumberland Academy of Dental Assisting**

1540 Rock Springs Road  
Smyrna, TN 37167



**PROGRAM APPLICATION FORM**

All applicants must meet these requirements before the application deadline date:

- Be at least 18 years of age
- Have a high school diploma or GED
- Be a US citizen or have Permanent Resident Status

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

US Citizen: Yes No High School Graduate/GED: Yes No

Name of School: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor: Yes No If yes, please explain on back

Educational Background: Please list your previous schools/education completed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Work History: Please list your 3 most recent jobs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you hear about us? If a person, please name: \_\_\_\_\_

What class dates are you interested in? \_\_\_\_\_

Please provide a brief description as to why you are interested in becoming a dental assistant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

When completed, send this form to [info@cadassisting.com](mailto:info@cadassisting.com)