

## EFDA STUDENT APPLICATION CHECKLIST

To finalize the admissions process, please submit this document and **all** forms listed below for first-come, first-serve acceptance.

Name (Last, First): \_\_\_\_\_ SSN or SID: \_\_\_\_\_

Former Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

- Admissions Application                     
  Evidence of HS graduation or equivalent                     
  Dental Sponsor Agreement Form
- Evidence of completion of a Dental Assisting Education Program accredited by the ADA Council on Dental Accreditation (CODA) or...Dental Assisting National Board (DANB) certified Dental Assistant OR Dental Hygienist with limited license;
- Evidence of experience working as a Dental Assistant or Dental Hygienist within the last 5 years for at least 3500 hours. A letter on company letterhead, signed by a supervisor or HR staff verifying the above details including dates of employment is sufficient evidence;
- I understand that I must be 18 years of age in order to accept a program seat. I hereby swear under penalty of perjury my birth date given below is accurate. I understand that the state may verify information and that untruthful or misleading information is cause for rejection of my application and/or subsequent revocation of my certificate.

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

Evidence of Completion of Courses (Check All that Apply)	
<input type="checkbox"/>	I have <b>attached</b> unofficial BTC transcripts (with final grades posted) or placement test scores
<input type="checkbox"/>	I have attended other college(s) and have <b>attached</b> sealed, official transcripts and/or test scores
<input type="checkbox"/>	My records are already on file or have been ordered from: _____

EFDA Training/Courses	Office Use Only
Applied English (AENGL 100) or English Composition I (ENGL& 101), or equivalent placement	
Current Healthcare Provider CPR (HO 127) or current equivalent training	
HIV/AIDS: Healthcare Professional (HLTH 133) or equivalent training	

**Note: Incorrect or incomplete packets will NOT be considered**

Submit materials to: Bellingham Technical College ATTN: Admissions & Advising; 3028 Lindbergh Avenue; Bellingham, WA 98225-1599