

**IMPORTANT NOTICE**

**This program application must be submitted to the Student Service Center (Room A-1003) or via the secure upload form at lakelandcc.edu/health. Incomplete or late applications will result in a delay of processing and entry into this program.**

**PLEASE PRINT LEGIBLY.**

Name \_\_\_\_\_ Student Lakeland Identification Number (LID#) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Lakeland email address: \_\_\_\_\_

**PLEASE NOTE**

Students must meet specific admission requirements for this program and are advised to meet with an academic counselor and the program director.

**Listed below are requirements for the:**

- **Dental Assisting certificate program**

**ADMISSIONS PROCEDURES NOTES:**

- Applicants must meet with the program director and counselor to check on eligibility of the student for the program.
- Applicants who have completed the requirements for admission will be accepted into the program on a space-available basis.
- The Dental Assisting certificate program requires students to be at least 18 years of age and have graduated from high school prior to beginning practicum hours.

**The admissions office must have on file an official copy of your high school transcript with the graduation date listed or a copy of your General Education Development (GED) certificate.**

Verified with admissions     Yes     No

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program director signature

\_\_\_\_\_  
Date