

**TEXAS STATE TECHNICAL COLLEGE HARLINGEN
DENTAL ASSISTING PROGRAM**

APPLICATION FORM

(Please type or print in black ink both sides of this form)

Date of application _____/_____/_____ Social Security Number _____-_____-_____

I. BACKGROUND INFORMATION

Date of Birth _____ Male _____ Female

Name

(Last) (First) (MI) (Maiden)

Current Mailing Address:

(Street) (City) (State) (Zip)

Daytime phone _____ Cell phone _____

e-mail address _____

Permanent Address

(Street) (County) (City) (State)

Email Address _____

Have you been accepted for admission to TSTC? _____YES _____NO

Have you taken THEA or its equivalent? _____YES _____NO _____WHEN

Scores _____Reading _____Writing _____Math

II. EMPLOYMENT HISTORY

Employer	City/State	Position	Dates
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III. EDUCATION BACKGROUND

In the space below, list ALL schools (high school and/or college) you have attended.

Name of School	City	State	Dates of Attendance MO/YR to MO/YR	Degree OR Sem./Qtr. Hrs.
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I understand that as a Dental Assisting Student, I will be exposed to blood and body fluids. Texas State Technical College will not be held responsible for injury sustained during clinical experiences. As a student, I am to carry my own medical, accident, and liability insurance. Proof of such insurance must be kept on file in the Dental Assisting Program Office. I also understand that as a Dental Assisting student that I will be required to obtain the Hepatitis B vaccination series and maintain a current tetanus and tuberculosis test on file. I understand that as a student I must comply with state and federal HIPAA privacy protection policies.

I further understand that to determine my status for admission, officials of Texas State Technical College will rely upon the information submitted herein. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of offer of my acceptance, cancellation of enrollment, or appropriate disciplinary action.

TSTC Dental Assisting /Hygiene Programs comply with all institutional, local, state, and federal regulations on ionizing radiation, hazardous material, HIPAA privacy policies, and bloodborne and infectious diseases.

If you would like to view these policies, please ask to see them.

Signature of Applicant

Date

This completed application form must be received at TSTC-Harlingen by August 1, 2009
Mail to:

Texas State Technical College-Harlingen
Dr. Robert Bennett, Co-Division Director, Allied Health Division
1902 N. Loop 499
Harlingen, TX 78550