

# INDIANA UNIVERSITY SCHOOL OF DENTISTRY

## DENTAL ASSISTING PROGRAM-IUPUI CAMPUS

APPLICATION: FALL 2014

I am applying to the Dental Assisting Campus Program:

I am applying to the Dental Assisting Distance Learning Program:

**Distance Learning Applicants:** You must have knowledge of computers, access to the Internet, availability for scheduled on-campus visits and arrangements for a sponsoring dentist for admission to the Dental Assisting Distance Learning Program.

**All Applicants:** All applicants must observe a dental assistant in a dental office for a minimum of 8 hours. Your hours of observation must be verified by the office you observed. This document must be written on office letterhead and include your name, date, time of observation, the name of the dental assistant you observed and must be signed by either the doctor or the office manager.

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### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ IUPUI Identification No. \_\_\_\_\_

Gender: Male  Female  Race/Ethnicity \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

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**Permanent Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*IF DIFFERENT THAN ABOVE:*

**Preferred Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (required for official school communication) \_\_\_\_\_ @ \_\_\_\_\_

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### EDUCATION:

High School Information (all high schools attended)

Name/Address of High School	Years Attended	Year Graduated

Obtained GED  No  Yes Scores: \_\_\_\_\_ Completion Date: \_\_\_\_\_

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**EDUCATION BEYOND HIGH SCHOOL:**

Are you now attending or have you attended any college or university?  Yes  No

If yes, please list **ALL** attended.

Name/Location of Institution	Entered: Month/Year	Left: Month/Year	Full or Part-time	Diploma/Degree	Year Received or Anticipated

A current transcript from each high school, college, or university attended must be received by the Indiana University School of Dentistry with this application by June 1st of the year you wish to enter.

**NOTE:** This is separate from transcripts sent to IUPUI.

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**WORK EXPERIENCE:**

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Brief Job Description:

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

Please describe any Dental Assisting Experience:

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

Types and Amount of DA Experience: Chairside (\_\_\_\_) Hours \_\_\_\_\_  
Front Desk (\_\_\_\_) Hours \_\_\_\_\_  
Laboratory (\_\_\_\_) Hours \_\_\_\_\_

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**OTHER INFORMATION:**

List languages you speak fluently other than English: \_\_\_\_\_

Have you been convicted of anything more than a minor traffic violation?  Yes  No

If Yes, please explain:

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

Have you applied to the IUSD Dental Assisting Program previously?  Yes  No Year \_\_\_\_\_

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**APPLICANT'S PERSONAL STATEMENT:**

The Dental Assisting Admissions Committee requires that you write and submit a personal statement using the criteria listed below:

- 500 words or less
- Describe what you have been doing since high school (for current HS students, describe extracurricular activities were you involved with during high school?)
- Explain why you want to be a dental assistant and tell us about any special qualities you already possess that will help you become a great dental assistant.
- Describe any leadership and or volunteer roles you have held or currently hold.
- Describe any obstacles that you may have had to overcome to meet your goals.

~~~~~PLEASE ATTACH YOUR PERSONAL STATEMENT TO THIS APPLICATION IN A DOCUMENT FORM~~~~~

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**How did you learn about our Dental Assisting program?**

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**I hereby give permission to the Dental Assisting Admissions Committee to inspect my application and academic records. I verify that the information provided is truthful and correct.**

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|------------------|---------------------|-------------|
| <b>Signature</b> | <b>Printed Name</b> | <b>Date</b> |
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**I hereby grant the Dental Assisting Admissions Committee permission to download documents from IUPUI's secure databases and save them into a secure folder to be reviewed as part of the admissions process.**

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|------------------|---------------------|-------------|
| <b>Signature</b> | <b>Printed Name</b> | <b>Date</b> |
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**Send required materials (observation form and all official transcripts) by June 1st to:**

**Indiana University School of Dentistry**  
**Office of Admissions and Student Affairs**  
1121 West Michigan Street, Room 105  
Indianapolis, Indiana 46202  
Phone: 317-274-8173  
Fax: 317-278-9066

**APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED, SIGNED AND DATED**