



Please process enrollment for the selected course:

Dental Office Administrator (DOA) Classroom	<input type="checkbox"/>	DOA Online Course	<input type="checkbox"/>
Dental Software Refresher Course	<input type="checkbox"/>	DOA Refresher Workshop	<input type="checkbox"/>
Treatment Coordinator	<input type="checkbox"/>	Dental Office Sterilization Officer (DOSO) Online	<input type="checkbox"/>
Dental Foundations	<input type="checkbox"/>	Other: specify _____	<input type="checkbox"/>

Contact Info

Full Name: _____

Full Address: _____ SW NW NE SE (circle one)

City: _____ Province _____ Postal code: _____

Contact phone number. (Cell)_(_____)_____-_____

Email: _____

I have applied for Student Aid funding Yes___ No___ Planning to on_____/20___

My Student Aid ASA number is _____

Desired start time:

I would like to start my program(s): _____/20___

10.01.00

English requirements: Check off all boxes that apply.

I am able to read write comprehend English at a High School level.

English is my second language yes no

If yes, what is my native language spoken _____

20.01.00

What I hope to gain from this class is....

My number one outcome for the course is...

My previous dental knowledge is:

20.01.01

In my opinion my strengths are:

1. _____ 2. _____

In my opinion my weaknesses are:

1. _____ 2. _____

30.01.00

I have completed high school or equivalent and received a diploma: yes no

I have completed post-secondary schooling: yes no

If yes, my Post-Secondary school, was: _____

If applying for the DOA program and you answered YES please attach a copy of your diploma/certificate with your registration forms to info@ccdhalcalgary.com

40.01.00

My computer knowledge is best described as the following;

- Basic I will require training for all basic software instruction
- Confident but I still need moderate guidance to navigate through a software program
- Proficient in software programs and confident I can navigate through software training

CALGARY COLLEGE OF DENTAL HEALTH STUDENT REGISTRATION FORM

40.01.01

CCDH requires a laptop or desktop to complete our programs. Check what applies;

I own a laptop Windows based I own a laptop Mac based I use a desktop

Working on a Mac may require additional costs associated with operating Dentrix Software.

50.01.00

I have had previous customer service experience at previous employment where I interacted with people as part of my job. My customer service experience came from the following company(s): _____ & _____

50.01.01 -for Dental Refresher course only

I have completed my formal training for Dental Administration with the following institution: _____.

I have worked or completed a minimum of 6 working months at the following dental office: _____.

60.01.00

I have been referred to this program by: _____

I acknowledge that the information provided on this registration form is accurate, complete, and truthful to the best of my knowledge. The information provided is protected under the privacy laws of Alberta.

Signed;

_____ **Print Name**

_____ **Signature of student**

_____ **Date**

Complete the form and email it to: admissions@ccdhalgary.com

I heard about CCDH by: Google/Online Instagram Referral
 A Dental office Word of mouth Facebook/Ad

FOR OFFICE USE:

Meets registration requirements ____yes ____no ____waiting

Registration fee email has been sent ____yes ____no.

Student registration has been paid ____yes ____no. Tuition email sent ____yes ____no

Student file has been created in the proper class queue _____

Staff initial _____