



**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: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

Email: \_\_\_\_\_

**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**

**For Dental Office Administration Registrants**

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

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My number one outcome for the course is...

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My previous dental knowledge is:

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**20.01.01**

In my opinion my strengths are:

1. \_\_\_\_\_

2. \_\_\_\_\_

In my opinion my weaknesses are:

1. \_\_\_\_\_

2. \_\_\_\_\_

**30.01.00**

**For Dental Office Administration Registrants**

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

I have completed post-secondary schooling: yes  no

If yes to post-secondary school, where: \_\_\_\_\_

*If you answered YES please attach copy of diploma/certificate or degree*

**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

**40.01.01**

M. Dent (DOA Classroom) laptop student assignment requirements. Check what applies;

I own a laptop Windows based  I own a laptop Mac based  I do not own a laptop

**50.01.00** *For Dental Administration Refresher Workshop*

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**

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

I have worked or completed a minimum of 3 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 to: [admissions@ccdhalgary.com](mailto:admissions@ccdhalgary.com)

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

**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 \_\_\_\_\_