



Applicant Employment History	
<b>Duties:</b>	
<b>Work Hours Per Week:</b>	

Indicate the Session You Are Applying For			
<input type="checkbox"/> Session 1 (Begins 08/29/09)	<input type="checkbox"/> Session 2 (Starts 10/31/09)	<input type="checkbox"/> Session 3 (Starts 01/09/10)	<input type="checkbox"/> Session 4 (Starts 03/06/10)
<input type="checkbox"/> Session 5 (Starts 05/08/10)	<input type="checkbox"/> Session 6 (Starts 07/17/10)	<input type="checkbox"/> Session 7 (Starts 09/18/10)	<input type="checkbox"/> Session 8 (Starts 11/13/10)

**How Did You Hear About ADTI?** \_\_\_\_\_

Non-Discrimination – ADTI does not discriminate on the basis of race, color, religion, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. ADTI’s commitment to non-discrimination applies to all curriculum activity and all aspects of operation of the school.

I have read and understand the admission criteria for ADTI Dental Assisting Training Program. I verify that all statements on this application are complete and true. Further, I am aware that I must have physical and mental abilities necessary to provide safe patient care, visual acuity, hearing, speech, manual dexterity, physical strength (ability to lift 50 lbs) and endurance to be successful in the program. I will complete and submit ADTI’s Health Form prior to the start of classes. ADTI does not require a background check for applicants. If an applicant does have a criminal record it may pose a potential barrier when applying for employment in the field of dentistry and from DANB Certification. Please note that CPR may be required by a potential employer, as well as applying for DANB Certification.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if student is a minor)

\_\_\_\_\_  
Date

**Please make a copy of this for your records.**

Return completed application and application fee of **\$100.00** to:

Terri Provost, School Administrator  
Accelerated Dental Training Institute of Connecticut, LLC  
945 Main Street, Suite 302  
Manchester, CT 06040  
Fax: 860-646-5807