



DEPARTMENT OF
CONTINUING EDUCATION

APPLICATION FORM

DENTAL ASSISTING INTRA-ORAL COURSES

PLEASE COMPLETE THE FOLLOWING INFORMATION: (SEE BELOW FOR DETAILS REGARDING FOIP)

HAVE YOU PREVIOUSLY ATTENDED OR APPLIED TO NAIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAIT STUDENT I.D. NUMBER	DO YOU REQUIRE DISABILITY RELATED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	FIRST NAME (legal)	MIDDLE NAME (legal)	
PERMANENT ADDRESS	CITY/PROVINCE	POSTAL CODE	
HOME TELEPHONE	BUSINESS TELEPHONE	CELL PHONE	
FAX NUMBER	DATE OF BIRTH (MM/DD/YY)	EMAIL ADDRESS	

COURSE REQUESTED:

COURSE NAME	COURSE NUMBER	START DATE			\$FEE
		YEAR	MONTH	DAY	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is being collected under the mandate of the Post-Secondary Learning Act. Upon admission, this information will form part of your student record and will be used for operational activities of the Institution and for statistical purposes. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada) and to Alberta Advanced Education and Career Development for statistical, funding, policy development, planning and research purposes. Certain personal information will also be disclosed, by agreement to the NAIT Student Association (NAITSA) and the Alumni Relations Office for the purposes of membership services; to Campus Sport & Wellness to monitor your eligibility to participate in NAIT Intercollegiate Athletics and to the Financial Aid Officer for the nomination of awards and scholarships. The provisions of the Alberta Freedom of Information and Protection of Privacy Act protect this personal information. If you have any questions about the collection or use of this information, contact the Office of the Registrar at Suite 1000, 11762 - 106 Street NW, Edmonton, AB T5G 3H1, Phone: 780.471.6248.

REFUND AND TRANSFER POLICY

Students must withdraw from a course at least three full calendar days prior to course commencement to receive a full refund less the administrative fee (\$50 administrative fee for courses \$449 or less, \$250 administrative fee for courses \$450 - \$999, \$500 administrative fee for courses \$1,000 and up). There will be a processing fee of \$30 on NSF cheques. We reserve the right to cancel, postpone or otherwise modify announced courses due to inadequate registration or other causes beyond our control - course fees will then be refunded in full.

CHECKLIST

To prevent delays in processing your application, please ensure that you have provided proof of the following documentation where applicable:

- Proof of completion of NAIT program or approved program
- Current CADA registration in required duties
- Credit in Fundamentals of Dental Radiology or equivalent, for Applied Dental Radiography
- Fee

ADMINISTRATIVE USE:

- Preventive & Patient Care (P&F)
 Expanded Skills
 Applied Dental Radiography
 Dental Dam
 Impressions
 Payment
 People Soft
 Package Sent
 CADA# _____
 Verification _____

PAYMENT INFORMATION:

Payment: \$ _____ Course Fees + GST (if applicable)

Please check one: VISA MASTERCARD AMERICAN EXPRESS CHEQUE (must accompany application)

Credit Card Number _____ Expiry _____

Card Holder Name _____ Signature _____

**IT'S EASY TO
APPLY**

SUBMIT APPLICATION TO:
Dental Health
Sciences Program

PHONE:
780.471.8761
FAX:
780.491.3149

EMAIL:
dental@nait.ca

IN PERSON:
NAIT, Room: E101,
11762 - 106 St.
Edmonton AB

MAIL:
NAIT, DADDP, Room: E101,
11762 - 106 St.
Edmonton AB T5G 2R1