



DEPARTMENT OF
CONTINUING EDUCATION

APPLICATION FORM

DENTAL ASSISTING DISTANCE DELIVERY PROGRAM (PRACTICAL EVALUATION)

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

FAMILY LAST NAME		FIRST NAME (legal)	MIDDLE NAME (legal)
PERMANENT ADDRESS		CITY/PROVINCE	POSTAL CODE
HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	DATE OF BIRTH (MM/DD/YY)

DATES PREFERRED

1. _____ AM PM 2. _____ AM PM

PREREQUISITE (PLEASE CHECK THE APPROPRIATE BOX)

Completion of the Dental Assisting Distance Delivery Program OR Other _____
(Attach proof of completion)

EMPLOYMENT DATA

Employer: _____
 Address: _____ Postal Code: _____
 Employed As: Chairside Assistant Receptionist Other (specify) _____
 Type of Practice: General Dentistry Speciality (specify) _____

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.

*NOTE: DATE OF BIRTH is required on the student record system to assist our office in the retrieval of your academic grade. Without this, we cannot be responsible for locating and producing accurate copies of your student academic transcripts in the future.

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.

DECLARATION

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. I understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I understand that I am responsible for all applicable academic regulations, tuition and fees, whether or not I successfully complete the course(s) in which I am enrolling. I certify that the above statements are true and correct.

Signature _____ Date _____

PAYMENT INFORMATION

Payment and required documentation must accompany this completed form. Your application will not be accepted without it. Original application must be forwarded if preceded by a fax application.

Payment: \$ _____ course fees + GST (if applicable) Please check one: VISA MASTERCARD AMERICAN EXPRESS Cheque

Credit Card Number _____ Expiry _____

Card Holder Name _____ Signature _____

**IT'S EASY TO
APPLY**

SUBMIT APPLICATION TO:
Dental Assisting
Distance Delivery 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