



Dental Assistant Program

Application for Dental Assistant Program

School of Dental Medicine

Application Fee for Dental Assisting Program: \$50.00

NAME (Last) (First) (Middle)			
SOCIAL SECURITY NUMBER		DATE of BIRTH (Month/Day/Year)	
PRESENT ADDRESS (Number & Street)		(City)	(State) (Zip Code)
PRESENT TELEPHONE NUMBER		(Day)	(Evening)
PERMANENT ADDRESS (Number & Street)		(City)	(State) (Zip Code)
EMAIL ADDRESS		CITIZENSHIP	

Academic Background						
List High School and College Attended						
Name of Institution	Location	Attended From	To	Major Degree	Credits Earned or	Date of Graduation

Employment Record				
State Your Present Position and Previous Employment Inclusive of Summer and Part-Time Positions				
From	To	Position Held	Name and Address of Employer	Hours Per Week

List any courses you are currently attending	

List the student activities you have participated in, offices held, school scholastic honors awarded in high or college	

List community Activities and/or service	

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You will need to forward to the Dental Assistant Program

- 1. Three (3) letters of recommendation from references provided below**
 - 2. An official copy of your high school transcript**
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List the names and addresses of three individuals who will provide references

Full Name

Address

Provide a typewritten statement indicating three aspects of what you understand the field of dental assisting to be. What are your interests in the field of dental assisting and what are your future goal? Please be succinct with your narrative.

I certify that the information submitted on this application is complete and accurate.

Signature of Applicant _____ Date _____

Return applications to:

Janet Tuthill, RDH MA
Stony Brook University School of Dental Medicine
Dental Assisting Program
164B Rockland Hall
Stony Brook, NY 11794-8700