Dental Assistant Training Centers
Knowledge Shared

Application for Admission

Date: _____

Legal Name _____ _____
Last First Middle Preferred

Birth Date _____ Place of Birth _____
mm/dd/yyyy City State Country

How did you hear about our program? _____

Preferred method of communication (Circle ONE) Text Email Phone

Email Address _____

Day phone _____ Cell phone _____

Permanent Home Address
_____
Number and Street Apartment #
_____
City/Town State Zip/Postal

Current Mailing Address
_____
Number and Street Apartment #
_____
City/Town State Zip/Postal

Enrollment Dates

SPRING 2027
Virtual LIVE Lectures each Tuesday Evening from 7pm – 8:30
And some Thursday evenings from 7pm, - 8:30pm
Competency Demonstration and Development on Fridays or Saturdays
ORIENTATION Saturday, January 9, 2027 at 11am

ACADEMICS

Secondary Schools

Current or most recent secondary school attended _____

Entry Date _____ Graduation Date _____
mm/dd/yyyy mm/dd/yyyy

Address _____
City/Town State/Province Country Zip/Postal

GED _____
mm/dd/yyyy

Personal Information

List skills, honors, or traits you believe would be beneficial as a dental assistant (If additional space is needed a separate sheet)

_____

_____

_____

_____

Please submit this completed application along with official sealed transcripts, a $50.00 non-refundable application fee and a short essay explaining "Why Dental Assisting and what I can bring to the Profession" to:

DATC, Inc.
PO Box 801
Carrboro, NC 27510

DAII Disclosure Statement *– A student completing all requirements of this program will be classified as Dental Assistant I in North Carolina. Dental Assistant II classification requires successful completion of:*

1) Full-time employment and experience as a chair-side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;

*****a) a 3-hour course in sterilization and infection control;*
*****b) a 3-hour course in dental office emergencies;*
*****c) radiology training consistent with G.S. 90-29(s)(12); and*
*****d) current certification in CPR; or*

2) Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR.

***** These courses are all included in the DATC Training Course. CPR Expires 2 years after certification date.*