

## Dental Radiology Course Application

Session applying for: Day \_\_\_\_\_ or Evening \_\_\_\_\_ Start Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Admission Requirements (Must include with application):**

- Applicant must be at least 18 years of age  
(please provide copy of driver's license, passport, or birth certificate)
- Must have high school diploma or GED and provide a copy  
(foreign diplomas must be evaluated for US equivalency: extra charge may apply)
- Must be of good moral character
- Must have a minimum of 6 months, full-time, chairside assisting experience (verified by employer)

**Moral Character Statement:**

Are you of good moral character?                      Y                      N

Have you ever been convicted of any offense of any federal or state law other than a motor vehicle traffic violation?                      Y                      N

If "yes" give date(s) of conviction and type(s) of offense: \_\_\_\_\_

If "yes", has the court sentence(s) been completed?                      Y                      N  
(please submit documentation)

**Dental Experience:**

Office: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

Brief description of your dental experience: \_\_\_\_\_  
\_\_\_\_\_

Period of time employed in the dental office: Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

Circle one: Full time Part time

Are you currently working in a New Jersey dental office? \_\_\_\_\_

If YES, is this the facility you will be using to complete your clinical education? \_\_\_\_\_

Is this facility able to perform paralleling and bisecting angle procedures? \_\_\_\_\_

If NO, do you have a facility to complete your clinical education? \_\_\_\_\_

If NO, do you need NJHPDI to provide your clinical education? \_\_\_\_\_

\*It is the student's responsibility to locate a New Jersey dental facility for clinical education.

**Fee: \$945.00** (This includes application, tuition, workbook, textbook, and lab fees)

Please circle method of payment: Check Visa/ MasterCard / Discover/AmEx

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\*Please make checks payable to: New Jersey Health Professionals Development Institute

**Cancellations and Refunds**

*Withdrawals after class attendance has begun will result in reimbursement according to a pro-rated portion of the tuition calculated on a weekly basis minus the \$25 application-processing fee, \$125 textbook & workbook fee and \$65 laboratory fee. These fees are non-refundable.*

**Disclosure Statement**

*NJHPDI reserves the right to cancel or change any courses, instructors, dates and times. The fee charged is for tuition. All food served is complimentary.*