



DEPARTMENT OF
CONTINUING EDUCATION

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APPLICATION FORM

DENTAL ASSISTING DISTANCE DELIVERY PROGRAM

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 (IF YES, SEE BELOW) <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	
<input type="checkbox"/> TERM I <input type="checkbox"/> MARCH 15 _____ <input type="checkbox"/> OCTOBER 15 _____ <input type="checkbox"/> TERM II <input type="checkbox"/> INTAKE _____			

PREREQUISITE INFORMATION:

CURRENT EMPLOYMENT IN A DENTAL OFFICE	
EMPLOYER (PLEASE PRINT) _____	LICENSE NO. _____
MAILING ADDRESS _____	BUSINESS PHONE# _____
POSTAL CODE _____	COMMENCEMENT DATE OF EMPLOYMENT _____
DENTIST NAME _____	
EMPLOYED AS <input type="checkbox"/> CHAIRSIDE ASSISTANT <input type="checkbox"/> BUSINESS ASSISTANT <input type="checkbox"/> OTHER (SPECIFY) _____	
TYPE OF PRACTICE <input type="checkbox"/> GENERAL DENTISTRY <input type="checkbox"/> SPECIALTY (SPECIFY) _____	
EMPLOYED <input type="checkbox"/> PART-TIME (NUMBER OF HOURS PER WEEK) _____ <input type="checkbox"/> FULL-TIME	DAYS OF WORK (PLEASE CIRCLE) S M T W T F S HOURS OF WORK: _____
EMPLOYER'S SIGNATURE _____	DATE _____

REFUND POLICY

Students must withdraw from a course at least 30 calendar days from the date indicated on their welcome letter to receive a full refund less a \$500 administrative fee. No refunds will be granted after 30 days.

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.

DISABILITY RELATED SERVICES

Services for Students with Disabilities (SSD) provides effective support services to students with documented disabilities. Accommodations are based on a student's disability, documentation and academic needs. Contact the SSD office as early as possible prior to your program start date to begin the process. You should meet with an advisor 4 to 6 months before you start your program. 780.378.6133

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



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EXAM SUPERVISOR:

Supervisor's Name (please print) _____ Supervisor's Signature _____
Supervisor's Position _____ Place of Writing _____
Supervisor's Business Address _____ Postal Code _____
Business Telephone _____ Fax _____
Date _____

You are required to find a supervisor for your examinations. These examinations must be written in an education centre such as a school or college under the immediate supervision of a supervisor of school personnel. These include the following: Principal, Vice Principal, Program Coordinator/Director, Department Head, Dean, Associate Dean, or Guidance Counselor. Examinations may be written at NAIT by appointment. Students may not be supervised by relatives, personal friends, colleagues or employers.

I, _____ agree to preside over examinations written by _____
(Please print)

I am aware that approximately 8 examinations per term, each requiring two hours will require direct supervision. I will follow the examination regulations forwarded to me. I am not a relative or personal friend of the above-named student. I will ensure that the examination rules sent to me will be followed.

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.

I consent to the disposal of my personal records including examinations after a grade/mark has been assigned and the appeal time limit has expired.

Signature _____

Date _____

ADMINISTRATIVE USE:

Prerequisites _____ Fee _____ PSRegistered _____ Receipt _____
Supervisor Approved _____ Program Manual Sent _____
Date Accepted/Refused _____ Student Number _____

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 _____

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