

**HACC Dental Assisting Program
Clinical Application
FALL 2010**

Name (Please Print): Last First MI			HACCid			
Email Address:						
Street Address		City/State		Zip Code		
Home Phone:		Work/Cell Phone (indicate which):				
				Yes	No	NA
I have completed my shadowing experience				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have met with the program director (Debra Nickey) and have an educational plan. If no, please explain:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***ALL APPLICANTS WILL BE NOTIFIED OF THE COMMITTEE'S DECISION AFTER JUNE 1.
No phone calls please.***

Signature: _____ ***Date:*** _____

Please return by May 15 to Debra Nickey - Harrisburg Campus Select Medical Building Room 104D or mail to:

***Debra Nickey
HACC SM104D
One HACC Dr
Harrisburg, PA 17110***

HACC does not discriminate in employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, sex, national origin, ancestry, disability, place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status, or any other legally protected classification.