

PROFESSIONAL INSTITUTE OF DENTAL ASSISTING

STUDENT APPLICATION -- PLEASE PRINT

NAME _____ AGE _____ DATE _____

ADDRESS _____

TELEPHONE _____

HIGH SCHOOL ATTENDED/GED _____

POST GRADUATE EDUCATION _____

WORK EXPERIENCE _____

DENTAL INTERESTS/EXPERIENCES _____

CAREER GOALS _____

PERSONAL GOALS _____

METHOD OF PAYMENT _____

HOW DID YOU HEAR ABOUT OUR PROGRAM _____

Please mail application to: PIDA, 1714 N Randall Ave, Janesville WI 53545
or scan and email to: info@pidaschool.com
Once we receive your application, you will be contacted to set up a personal interview