



ADMISSION CHECK LIST

Please:

- ensure this list is attached to your application form
- mail application form to the Calgary location as all dental assisting applications for KDM Dental College are processed out of Calgary at #520, 940-6 Avenue S.W., Calgary, Alberta T2P 3T1

Name: _____

Address: _____

Telephone Number including area code: _____

E-Mail Address (if available): _____

Students registering for the Dental Assisting Program must complete the following forms which are provided by the school (some exceptions may apply):

√	Documents
	Completed Application Form (signed and dated on both sides)
	Official High School Transcripts
	Registration Fee of \$300.00
	Completed Graduate Report
	Completed Observation Report
	Completed Questionnaire
	Completed Dental Report
	Completed Medical Report
	CPR – Level HCP

How did you hear about us? _____