

Registered Dental Assisting Program (RDA) Application

Date of Application: _____

Name: _____
(Last) (Middle) (First)

Social Security Number: _____

Male: _____ Female: _____ Date of Birth: _____
(Month/Day/Year)

Homes Address: _____

Telephone: Home: _____ Work: _____
Cell: _____

Email Address: _____

EDUCATION: List High School, Colleges, Universities and Professional Schools attended

School	Degree	Graduation Date
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School	Degree	Graduation Date
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School	Degree	Graduation Date
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GED: _____

Are you a citizen of the United States of America? Yes: _____ **No:** _____

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- Please complete this application and email to: martha.gale@lmunet.edu
 - Please have your high school transcript emailed or sent via mail at the addresses below:
 - Email - martha.gale@lmunet.edu
 - Mail - Martha Gale, Director of Continuing Education
LMU College of Dental Medicine
1705 St. Mary's Street
Knoxville, TN 37917
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