



Application for Admission DENTAL HYGIENE

PERSONAL INFORMATION

Last (Family) Name: _____

First Name: _____

Middle Name: _____

Permanent Address: _____ Unit/Apt.: _____

City: _____ Province: _____

Postal: _____

Telephone: _____

Mailing Address (if different from permanent address)

_____ Postal Code _____

Email: _____

Birth Date: _____

Gender:	First Language spoken:	Are you a:
MALE	ENGLISH	Canadian Citizen
FEMALE	FRENCH	Permanent Resident
OTHER	OTHER	Refugee Status

Are you an international Student

YES

NO

O.E.N (Ontario Education #) _____

If you answered yes please attach a copy of your Student Visa or other residency

Student Authorization

Other please specify: _____

Emergency Contact

Name: _____

Address _____ Unit/Apt.: _____

City: _____ Province: _____

Postal: _____ Home Telephone Number _____

Alternate Telephone Number: _____

E-mail: _____

EDUCATION

Please list your most recent school first.

School/Institution: _____

Address _____

_____ Postal Code: _____

Program _____

Highest Educational Level Completed _____

Year Entered _____ Year Left _____

School/Institution _____

Address _____

_____ Postal Code: _____

Program _____

Highest Educational Level Completed _____

Year Entered _____ Year Left _____

School/Institution _____

Address _____

_____ Postal Code: _____

Program _____

Highest Educational Level Completed _____

Year Entered _____ Year Left _____

How did you hear about the Southern Ontario Dental College?

I hereby certify that all statements made on this form are correct and complete. I understand that any misrepresentation of information may result in the cancellation of my admission or registration. Students wishing to practice in the Province of Ontario must apply to write the National Dental Hygiene Certification Board (NDHCB) examination. Upon successful completion of the NDHCB examination, SODC graduates should apply to the College of Dental Hygienists of Ontario (CDHO), SODC graduates intending to practice in other provinces must contact those jurisdictions and follow the prescribed registration/ licensure procedures.

Signature of Applicant _____

Date _____