

Dental Assistant Program Application

Complete the follow	ing information (I	Please Print):			
Today's Date:					_
Name:					_
Address:					_
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Email Address:					_
Phone:	Day ()		Evening ()	
at Wye Mills or C	Cambridge. A mini to register for the I	er Placement Test f imum score of 75 is Dental Assisting pr ation, please email	s required on either tes	er the Reading Te ting exemptions r	_
If you have taken the	e Accuplacer with	in the past two yea	rs, please indicate	e the date the test	was taken:
Date:					
RETU	RN COMPLETED	O APPLICATION 1	FORM AND REQ	QUIRED DOCUM	MENTS
	(DIPLOMA	A or GED, and PLA	ACEMENT TEST	SCORE):	

Mail to: Marci Leach P.O. Box 8, Wye Mills, MD 21679

Scan and email to: Mleach@chesapeake.edu

Or fax to: 410-827-5817