



ORTHODONTIC ASSISTANT SCHOOL of ATLANTA

# COURSE APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please Circle the Course Date You Are Applying For:

Winter 2019: Jan 19 - March 9    Spring 2019: April 27 - June 22    Summer 2019: Aug 3 - Sept 28    Fall 2019: Oct 5 - Nov 23

## Education

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

Are you currently in school?    YES    NO    If so, where? \_\_\_\_\_

## Job History

Company	Dates	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Previous Dental Experience

Describe: \_\_\_\_\_  
\_\_\_\_\_

## Personal References (no relatives, please)

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about the OASA? \_\_\_\_\_

Please mail your completed application, handwritten statement, letter of recommendation and current high school or college transcript to the below address. As class size is limited, students will be selected based on application materials received and personal interviews.

Orthodontic Assistant School of Atlanta • 3680 Pleasant Hill Road • Suite 100 • Duluth, Ga. 30096  
Attn: Shanee Shepardson • Phone : 770-446-6464 • Fax: 404-475-2574 • Email: shanee.shepardson@familyorthodontics.com