

## NorCal Rapid Dental Assisting Program/ Scholarship Application

**Deadline Friday, May 27, 2022, at 4 p.m.**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If not, are you authorized to work in the U.S.? YES  NO

Have you ever worked in a Dental Office? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Date of Birth: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

## Scholarship Questions

Why do you want to become a **Registered Dental Assistant**?

1. Explain the difference between Dental Assistant and Hygienist.
2. What is the difference between an unlicensed dental assistant and a Registered Dental Assistant?

Please list 4 Personal Qualities that would be Beneficial to a Dental Team.

- 1.
- 2.
- 3.
- 4.

Dental Offices are often referred to as a "team". Please describe how you have been part of a team in your life, and your role in the team.

Give an example of a goal you set for yourself and how you achieved it.

Please explain how receiving the \$1,750 scholarship to become a Registered Dental Assistant would make a difference in your life. Please explain your commitment to the program and your goals after the 4-month program.

Please describe the process of becoming a Registered Dental Assistant. What have you learned through research about the career how will you pursue this career after you receive training?

Provide at least one letter of recommendation with your application.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance into the program and reward of the scholarship, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Letter of Attestation:**

As a Scholarship Recipient please read and sign this agreement to commit to working in the Dental Profession in the 9-County Area served by the Northern California Dental Society for at least 2 years after successful completion of Licensing. (Tehama, Butte, Shasta, Siskiyou, Modoc, Lassen, Plumas, Glen, and Trinity Counties). If you do move out of the area, or decide not to pursue a career as a Dental Assistant, you agree to pay back the Scholarship in full to NCDS.

Qualities and Requirements of Dental Assistant Program

Dental Assistants and Dental Assistant students must be able to perform specific essential functions with or without reasonable accommodation.

- Communicate information and ideas verbally so others will understand
- Listen and understand information and ideas presented verbally and in writing
- Be able to learn and understand procedures
- Possess good communication and people skills
- Use good judgment to seek assistance when needed
- Make precisely coordinated movements of the fingers of one or both hands to grasp, manipulate or assemble very small objects. (hand and finger dexterity)
- Stand on your feet for long periods
- Utilize hands, arms, shoulders, and back in an unrestricted manner
- Lift a minimum of 25 pounds unassisted
- Have good hand/eye coordination
- Possess good organizational skills
- Exhibit compassion and empathy for patients and their needs
- Apply safety and infection control standards learned in the program to maintain a safe and clean environment for patients and self
- Interact appropriately with patients, physicians, peers, and supervisors
- Basic computer skills and the ability to learn dental software

Important Dates: Application Deadline: May 27<sup>th</sup> at 4 p.m.  
Interviews are scheduled for June 23<sup>rd</sup> & 24<sup>th</sup>.  
Mandatory Orientation: Saturday, July 9, 2022

Signature of Agreement to the above Requirements:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return the completed application and letter of recommendation to Carol Badgley at the Northern California Dental Society. Mail or in-person: 1957 Pine Street, Ste. A Redding, CA 96001/ By fax 530/ 527-7911 or email to [ncdsociety@outlook.com](mailto:ncdsociety@outlook.com)