Foothills Dental Academy Application

This form is to apply to Foothills Dental Academy to become a registered dental assistant with radiology. This is a 14-week accelerated in-person course and will take place on Thursdays and Fridays for a total of 9 hours per week.

Name:		Date of Birth:	_
Address:			
Phone number:	email:		
High school diploma or equivalent:	yes	no	
Have you ever been convicted of a crime: _	yes	no	
If yes, please explain_			
Any convictions must be explained to the Board of I documents regarding of	•	• •	ourt
Tuition is to be paid in full before the start o	late of the cou	rse.	
The cost of the registered dental assistant	with a radiolog	y course is \$4000.	
All materials needed for the course are incl	luded in the tui	ition.	
Please complete this form and email to foo 127 W Macon Lane Suite 1 Seymour, TN 37		ademy@outlook.com or mail to)
If you have any questions, please contact h	Heather Bradle	y at 865-573-7330	
Classes will be held at 127 W Macon Lane	Suite 1 Seymo	ur, TN 37865 weekly	