



Continuing Education Dental Office Reception Certificate Program Application

Please print clearly.

Have you registered at George Brown College before? Yes No

Date of Birth

Student ID Number (if you have one)

Day Month Year

Student ID Number (if you have one)

Day Month Year

Last Name

First Name Middle Name

Number/Street Apartment

City Postal Code

Province

Home Phone (include area code) E-mail Address

Employer

Business Phone (include area code) Ext.

Home Phone (include area code) E-mail Address

Employer

Business Phone (include area code) Ext.

Please identify your key reason for taking the Dental Office Reception Certificate program:

- To enhance my career To change my career To meet my employer's requirement Other (please identify)

Post-secondary Courses

Previous Courses: Please attach a copy of your secondary school transcripts. List below (using a separate sheet if necessary) the post-secondary courses you have completed. Indicate if these were college or university courses. Also indicate any courses you wish to apply to course exemptions. If you plan to seek exemptions, you must attach copies of relevant college and/or university transcripts and course outlines for review.

Name of School or Institution University College

Course Name Year Completed Course You Are Seeking To Be Exempted From

Name of School or Institution University College

Course Name Year Completed Course You Are Seeking To Be Exempted From

Name of School or Institution University College

Course Name Year Completed Course You Are Seeking To Be Exempted From

I hereby make an application for admission to the George Brown Dental Office Reception Certificate program, and I declare that the information on this form is complete and true to the best of my knowledge and belief.

Signature Date

Please return your completed form to Rita Mohabir, Co-ordinator, Community Services and Health Sciences, Centre for Continuous Learning, George Brown College, P.O. Box 1015, Station B, Toronto, Ontario, M5T 2T9, Fax 416-415-2550

The personal information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990 Reg. 770. The information is being collected for the purposes of admission of applicants to the Dental Office Reception Certificate program as outlined by the Freedom of Information and Protection of Privacy Act of Ontario Sections (38)(39).