



Certificate of Current Enrollment

American Dental Association Accredited Dental Assisting Program

Please verify the applicant is currently enrolled as a dental assisting student in good standing in your American Dental Association accredited Dental Assisting Program.

Applicant _____

Anticipated graduation date _____

Dental Assistant Program _____

Address _____

Mailing Address

City/State/Zip

Please Print Program Director's Name _____

Program Director's Signature _____

Date _____