

BEDDINGTON DENTAL ADMINISTRATIVE COURSE

Application Form

Applicant Information

Full Name:

Date of Birth:

Address:

City:

Province:

Postal Code:

Phone Number:

Email Address:

Education and Experience

Highest Level of Education Completed:

High School Diploma College Diploma Bachelor's Degree Other:

Do you have prior experience in an administrative role?

Yes

No

If yes, briefly describe your experience:

Availability

Our program includes online sessions, in-office training, and a practicum.

Are you available to participate fully in the course?

Yes

No

If no, please explain:

Program Details Acknowledgement

I understand that this program includes a practicum that may not take place within Beddington Dental Clinic but will be arranged by the clinic.

I understand that the course will prepare me for dental office administrative roles and does not guarantee a position at Beddington Dental Clinic.

Course Fee Acknowledgement

I acknowledge that the course fee is \$4000.00, and it must be paid in full prior to the start of the program. I understand that my enrollment will not be confirmed until payment is received.

I understand that the course fee is non-refundable once the program has commenced.

Additional Questions

How did you hear about the Beddington Dental Administrative Course?

Do you have experience using dental or medical office software? If yes, please specify.

Applicant Signature

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I also acknowledge and accept the program details and course fee terms.

Signature:

Date: