

Pre-Admission Aptitude Test Application

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Section A: PROGRAM INFORMATION

PROGRAM: DENTAL HYGIENE	PREP SESSION DATE:	PRE-ADMISSION APTITUDE TEST DATE:	<i>For Office Use Only:</i>	
	<input type="text"/>	<input type="text"/>	Test Fee	<input type="text"/>
			Prep Session	<input type="text"/>
			Test Score	<input type="text"/>
			Interview	<input type="text"/>
			Dexterity Test	<input type="text"/>

Section B: PERSONAL INFORMATION

Collection, Use and Disclosure of Personal Information: APLUS Institute is committed to protecting the privacy and confidentiality of your personal information, its collection and use. The personal information on this form is being collected to determine your eligibility for admission and registration. Upon admission, this information will form part of your student record and will be used for operational activities of the Institution and for statistical purposes. The provisions of the Ontario Freedom of Information and The Personal Information Protection and Electronic Documents Act (PIPEDA) protect this personal information.

NOTE: By filling in this form, any applicant is presumed to have given consent for the collection of such information as is required for the APLUS Institute to determine his/her eligibility for admission and registration.

Last Name:		First Name:		Middle Name:	
Permanent Mailing Address:				Phone (home):	
				Phone (bus):	
City:	Province:	Postal Code:	E-mail :		

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:			Place of Birth:	
		Day	Month	Year		
		<input type="text"/>	<input type="text"/>	<input type="text"/>		
Background: None <input type="checkbox"/> Dental Assistant <input type="checkbox"/> CDA I <input type="checkbox"/> CDA II <input type="checkbox"/> Foreign-Trained DDS <input type="checkbox"/> Other <input type="checkbox"/>						

Canadian Citizen <input type="checkbox"/>	Permanent Resident or Landed Immigrant <input type="checkbox"/>	Refugee Claimant <input type="checkbox"/>	Student Visa <input type="checkbox"/>
If not Canadian Citizen, indicate citizenship and date arrival in Canada: _____			
Citizenship			Month/Year

Signature of Applicant: _____ Date: _____	Test Fee: \$125.00 Paid \$125 <input type="checkbox"/> \$100 <input type="checkbox"/> \$25 <input type="checkbox"/> by: Check <input type="checkbox"/> Cash <input type="checkbox"/>
WHEN COMPLETED AND SIGNED, THIS DOCUMENT IS CONFIDENTIAL	

<i>Office Use Only:</i>	
Comments: _____	
Director: _____	Signature: _____ Date: _____

Please make your check payable to APLUS Institute.

Thank you.

Please detach and keep this portion for your records

Section C: RECEIPT

APLUS Institute of Information Technology, Healthcare, and Business ■ 4950 Yonge St., Concourse Level, Unit 15 ■ Toronto ON M2N 6K1 ■ www.aplusinstitute.com ■ info@aplusinstitute.com			
Applicant Name:		Paid for: Pre-Admission Aptitude Test DENTAL HYGIENE PROGRAM	
Prep Session Date:	Pre-Admission Aptitude Test Date:	Amount Paid:	<input type="text"/>
<input type="text"/>	<input type="text"/>	Paid by:	Check <input type="checkbox"/> Cash <input type="checkbox"/>