

Certificate of Current Enrollment in an ADA Accredited Dental Assisting Program

I verify that _____ is currently enrolled as a dental assisting
(Print Applicant's Name)

student in good standing in the ADA Accredited Dental Assisting Program located at

_____. The anticipated date of graduation for
(Print Name of Institution)

this applicant is _____. This verification is necessary in partial fulfillment of
(Month and Year)

admissions requirements of the Dental Hygiene Program at Halifax Community College.

(Print Program Director's Name)

(Street Address)

(City, State, Zip)

(Director's Signature)

(Applicant's Signature)

(Date)

(Date)

Submit with to: Admissions Office/Allied Health Programs
 Halifax Community College
 P.O. Drawer 809
 Weldon, NC 27890