



## Essential Functions Verification

I am seeking admission to the dental assisting program at DCB. I have reviewed, understand and have the ability to perform the Essential Functions, with or without accommodations. If you have concerns about or need accommodations, please call Lynn Bristol, the DCB Disability Services Coordinator at 701-228-5469.

If you don't have the ability to perform an Essential Function, with or without accommodations, a meeting with the Dental Program Director must be scheduled prior to continuing with the admission process.

Program Applying to \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

This form must be signed and submitted to the dental program to complete the selection process requirements by March 15<sup>th</sup> of the year you wish to be enrolled in the program.

*\*Submit form online when applying to the Dental Assisting Program*