



**Dental Assisting Document Checklist**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You must have copies of the following requirements:**

CPR (Heartsaver AED Adult/Child or BLS) \_\_\_\_\_

Proof Hepatitis B Injection

Date 1<sup>st</sup> injection \_\_\_\_\_ Date 2<sup>nd</sup> injection \_\_\_\_\_ Date 3<sup>rd</sup> injection \_\_\_\_\_

Varicella Immunization (or proof of immunization)

Date 1<sup>st</sup> injection \_\_\_\_\_ Date 2<sup>nd</sup> injection \_\_\_\_\_

Proof of MMR Immunization

Date 1<sup>st</sup> injection \_\_\_\_\_ Date 2<sup>nd</sup> injection \_\_\_\_\_

Proof of Tdap Immunization

(Once every 10 years) Date: \_\_\_\_\_

Proof of age 18 years or old (Highlight date of birth on immunization document)

High School Diploma/GED (year of graduation) \_\_\_\_\_

Proof of successful completion of either ENG 100, 101, 107 or 113 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Unofficial transcript) Grade Semester/year

WorkKeys Assessment: National Career Readiness Certificate (minimum score of 4 for each)

Graphic Literacy: Score \_\_\_\_\_ Workplace Documents: Score \_\_\_\_\_ Applied Math: Score \_\_\_\_\_

Please fill in the dates of the completed immunizations, this paperwork is part of your packet. If you are schedule to receive an immunization after the due date, please fill in the date of the immunization in pencil. You need to bring in the proof as soon as you have the documentation you have received the immunization.

**ALL PAPERWORK IS DUE ON or BEFORE: OCTOBER 31 (SPRING)  
APRIL 30 (FALL)**