



DAKOTA COLLEGE
**CAREER & TECHNICAL
EDUCATION CENTER**

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 are in need of accommodations, please call Erika Hamilton, the DCB Disability Services Coordinator at 701-228-5425.

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 May 15 of the year you wish to be enrolled in the program.

Submit the form by emailing the dental program director@ kristie.pladson@dakotacollege.edu