APLUS Institute
Since 1996

APLUS Institute of Information Technology, Healthcare and Business

Madison Center ■ 4950 Yonge St., Concourse Level, Unit 15 ■ Toronto ON M2N 6K1
www.aplusinstitute.com ■ info@aplusinstitute.com

Pre-Admission Aptitude Test Application

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Section A: PROGRAM INFORMATION

PROGRAM:	PREP SESSION DATE:	PRE-ADMISSION APTITUDE TEST DATE:	*For Office Use Only:*	
DENTAL HYGIENE			Test Fee	
			Prep Session	
			Test Score	
			Interview	
			Dexterity Test	

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 ☐ Female ☐	**Birthdate:** Day / Month / Year	**Place of Birth:**

Background: None ☐ Dental Assistant ☐ CDA I ☐ CDA II ☐ Foreign-Trained DDS ☐ Other ☐

Canadian Citizen ☐ Permanent Resident or Landed Immigrant ☐ Refugee Claimant ☐ Student Visa ☐
If not Canadian Citizen, indicate citizenship and date arrival in Canada: _____ _____
Citizenship Month/Year

Signature of Applicant: _____ *Date:* _____

WHEN COMPLETED AND SIGNED, THIS DOCUMENT IS CONFIDENTIAL

Test Fee: $125.00
Paid $125 ☐ $100 ☐ $25 ☐
by: Check ☐
Cash ☐

Office Use Only:

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: Paid by: Check ☐ Cash ☐