Health Occupations Programs Checklist
Fast-Track, not for college credit

Program: Dental Assisting

Name: (PRINT) _______________________________________________________
ID#: ____________________________________________
Email: ______________________________         Class:___________________
(ex: FA/18  6013, 6041)

1. Texas DL or ID (MUST match S.S. Card)       Date Received:   LSC Staff Initials:
2. Social Security Card (MUST match ID)        Date Received:   LSC Staff Initials:
3. Background Check (www.castlebranch.com)     Date Reviewed:   LSC Staff Initials:
4. Required Immunizations Document           Date Reviewed:   LSC Staff Initials:
   Note: signed by your Healthcare Provider and accompanying shots records for all listed below.
   • Hepatitis B (3 shots)/TITER ___
   • TDAP (within the last 10 years) ___
   • MMR (2 shots)/TITER ___
   • Varicella (2 shots)/TITER ___
   • TB Skin Test Negative (within 6 mos.) ___

Student Pre-requisites approved for registration:    Date Reviewed:   LSC Staff Initials:

CTE Campus Director Name:  ____________________________________________________
CTE Campus Director Signature:  ____________________________________________________
Date Approved:  ___________________________
Date Approval Valid Until:  ___________________________

[Date] 1