

## OKANACANI COLLECE TECENTISENISENI MAN. 45/44

## Certified Dental Assistant Program CRITERION REFERENCE FORM

	OC ID:
Address:	
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This form must be retu	rned no later than February 28 <sup>th</sup> to:
	Okanagan College Admissions Office
stat hannora	1000 KLO Road
	Kelowna, BC V1Y 4X8
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