



**ARKANSAS NATIONAL GUARD
YOUTH CHALLENGE PROGRAM**

Camp Joseph T. Robinson
North Little Rock, Arkansas 72199-9600
(501) 212-5565 / 800-814-8453



DENTAL HEALTH STATEMENT

PURPOSE: This patient is an Applicant for the Arkansas Youth Challenge Program (ARYCP). A dental examination is required by ARYCP to identify any required or anticipated dental work. This exam is used to determine Applicant eligibility. Our desire is that Cadets are able to participate in our Program, free from pain and discomfort caused by needed dental work. **Examinations can be no older than one (1) year from Program class start date (January or July).** Please complete the information below. This will facilitate this requirement.

APPLICANT'S NAME:	DATE OF EXAM:
_____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>	____/____/____

_____ By initialing, I certify that I have examined this youth and he/she has no apparent dental problems or concerns at this time.

Please indicate any dental or orthodontic treatments, if applicable:

Wisdom teeth will not be removed during the twenty-two (22) week cycle. If surgery is indicated, it needs to be completed at least two-weeks prior to the scheduled registration date. Sites must be completely healed and a release should be obtained from the dentist.

Cadets who wear braces should have adjustments made before or during scheduled breaks. ARYCP will only coordinate emergency appointments for any orthodontic work during the 22 week residential cycle.

SIGNATURES:

_____ Dental Care Provider Printed Name

_____ Dental Care Provider Signature

____/____/____ Date

_____ Mailing Address

City

State

Zip Code

Phone

“We Support Second Chances”