



Dental Hygiene Department

Dental Work Experience Verification Form

Complete one form per employer to document up to 3200 hours.

Applicant Name: _____ **Date** _____

The above named applicant has worked/volunteered (circle one) in this dental office/clinic for:
Years _____ Months _____ Weeks _____

Average number of hours each week: _____ 32 - 40 hours/week = full time; 50 weeks = 1 yr.

Total hours worked: _____
(Please do not enter hours per week.)

Name of office or clinic _____

Employer's Signature _____ Date _____

I certify that I am the person identified and the above information is accurate.

Applicant Attestation Signature _____ Date _____

Brief explanation of dental assisting training:

List specific duties:

List skills in which you feel competent performing as a dental assistant: