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 year

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:

YVCC complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex, disability, creed, marital status, age, religion, sexual orientation or veteran status. Inquiries regarding compliance and/or grievance procedures may be directed to the college’s Title IX/RCW 28A.604 officer and/or Section 504/ADA coordinator through the Human Resources Director, P.O. Box 22520, Yakima, WA 98907-2520, 509-574-4676/TDD 509-574-4687. (Revised 10-06)