

DENTAL ASSISTING AND WORK EXPERIENCE VERIFICATION FORM DUE: February 15, 2012

APPLICANT'S NAME :(Please print clearly) _____

To Shoreline Community College Dental Hygiene Program Applicants:

It is our goal to acknowledge your experience and commitment to the dental professions. Toward this goal, we award points based on work and volunteer experience in a dental office. Additionally, dental assistants who have achieved and maintained an American Dental Assistant's Association (ADAA) CDA Certification will be awarded an additional point. If you have no dental work or volunteer practice please provide information of general work experience,

To verify an applicant's prior work experience, we require that all applicants wishing to receive credit in one or both of these categories provide the information requested below. For applicants submitting with ADAA (CDA) Certification, please attach a copy of your current ADAA (CDA) Certificate.

If you wish to submit work or volunteer experience from more than one employer, please copy this form and submit each signed form from each employer. Forms must be submitted with this application packet.

Please read the descriptions below, indicate with an X in the boxes that most closely describe the nature of your work experience in a dental office:

Duties and tasks performed:	Routinely	Occasionally	Never
Expanded Function Dental Assistant (performs two or more tasks) All chair side functions noted below plus: temporary crowns, retraction cord placement, sealants, placement of matrices, etc.			
Chair side Dental Assistant (primary role) 4 & 6 handed dentistry, manipulation of dental materials, rubber dam placement, exposing radiographs, child prophylaxis			
Limited Chair side Experience (not primary role) Oral evacuation and transfer of instruments			
Sterilization Assistant (primary role) No chair side duties			
Dental Laboratory Technician (primary role) No direct patient experience			
Front Office Reception and Clerical Experience (primary role) No clinical duties			
Other Health Care Provider (primary role) Please provide health care position and length of time employed.			
Non Health Care Work Experience (primary role) Please provide work experience position and length of time employed.			

Copy of ADAA (CDA) Certificate Attached: Yes No

Graduated from Dental Assistant Program: Yes No

By signature, the employing Dentist verifies this to be an accurate reflection of the applicant's work experience and the total hours worked in this position.

Work Experience Dates: from _____ to _____ **Total hours** _____ worked at this position.

Supervisor's NAME (PRINTED): _____

Supervisor's Signature: _____ **Date:** _____

Office Address: _____ **City** _____ **State** _____ **Zip** _____

Office Phone No. ____/____/____

FOR OFFICE USE ONLY: **VERIFIED:** YES NO **DATE:** _____ **INITIALS:** _____