



# DENTAL ASSISTANT WORK EXPERIENCE VERIFICATION FOR DENTAL HYGIENE APPLICATION

Note: see additional instructions at the bottom

My LDA Number

Student: \_\_\_\_\_ worked as a **Licensed** Chairside Dental Assistant\*

at \_\_\_\_\_

Start (month/day/year) \_\_\_\_\_ End (month/day/year) \_\_\_\_\_ average # hours per week \_\_\_\_\_

\_\_\_\_\_  
(Supervising Dentist) PLEASE PRINT

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

at \_\_\_\_\_

Start (month/day/year) \_\_\_\_\_ End (month/day/year) \_\_\_\_\_ average # hours per week \_\_\_\_\_

\_\_\_\_\_  
(Supervising Dentist) PLEASE PRINT

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

If you have more than two employment histories as an LDA, please print out and attach additional pages as necessary.

Be sure to include your LDA number on this form.

\* Hours and dates worked from clinical externship and work experience gained prior to date of issue of license should NOT be listed in employment dates and will not be calculated in work experience.

Upload this form(s) into the on-line application.