



DENTAL ASSISTANT WORK EXPERIENCE VERIFICATION FOR DENTAL HYGIENE APPLICATION

Student: _____ worked as a **Licensed** Chairside Dental Assistant*

at _____

from (month/year) _____ to (month/year) _____ average # hours per week _____

(Supervising Dentist) PLEASE PRINT

(Signature)

(Address)

(Phone Number)

(Date)

at _____

from (month/year) _____ to (month/year) _____ average # hours per week _____

(Supervising Dentist) PLEASE PRINT

(Signature)

(Address)

(Phone Number)

(Date)

Please attach additional sheets as necessary.

A copy of your current LDA card must be uploaded with your application.

* Hours from clinical externship and work experience gained prior to date of issue of license will not be calculated in work experience. Upload all forms into the on-line application along with your LDA card.