

Verification of Dental Assisting Experience

List all locations at which you practiced dental assisting to verify the number of hours. Use additional sheets if necessary. Signature of supervisor is mandatory. Dental assisting experience is optional.

Name of Practice and Address:

Average hours per week _____ for how long _____ Years _____ Months

Dates from _____ to _____ Total Hours _____

Signature of Supervisor _____

Name of Practice and Address:

Average hours per week _____ for how long _____ Years _____ Months

Dates from _____ to _____ Total Hours _____

Signature of Supervisor _____

Name of Practice and Address:

Average hours per week _____ for how long _____ Years _____ Months

Dates from _____ to _____ Total Hours _____

Signature of Supervisor _____

TOTAL HOURS FROM ALL OFFICES _____