



Colorado Northwestern Community College

Department of Dental Hygiene: Kathy LaNoue
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FAX 1-970-675-3355

VERIFICATION OF DENTAL OFFICE EXPERIENCE FORM

This is NOT a requirement for application to the CNCC Dental Hygiene Program, but is used in the evaluation process. Points will not be awarded without signatures of both the Doctor and the Applicant on the bottom of this form. The Verification of Dental Office Experience Form must be received at the Dental Hygiene Office by the February 1, 2010 application deadline to be considered. A faxed copy is acceptable, *with signatures*, if received by the February 1st deadline. (If this date falls on a weekend – materials will be accepted till 2:00 am the Monday following the deadline.)

Thank you for your timely assistance. (Please print or type)

Applicant's Name _____

Applicant was employed from _____ through _____
(Month, Year) (, Month, Year)

Applicant volunteered/worked: 500 to 1199 hours

Over 1200 hours **OR** Certified Dental Assistant **OR** Graduate of an ADA Accredited DA program

Applicant held the position of _____

Responsibilities included _____

Name of dentist _____
(Print or type)

Address of Office _____

Phone Number _____ Fax Number _____

I certify that the above statements are true and correct to the best of my knowledge.

(Signature of dentist)

Date

I certify that this verification form is an accurate reflection of my experience in this dental office.

(Signature of Applicant)

Date