



# CNCC Dental Hygiene Office Experience Verification Form

The verification form is not considered valid and points will not be awarded without signatures of both the Supervisor and the Applicant on the bottom of this form. The Verification of Dental Office Experience Form must be received by the Dental Hygiene Program by the appropriate deadline (Guaranteed Admission Application – June March 15, or Competitive Entry Application – February 1). Should the deadline date fall on a weekend all materials will be accepted till 5:00 pm the Monday following the deadline. Thank you for your timely assistance. (Please print or type)

### Student Information

Student Name (first, last):	Date:
Applying for: <input type="checkbox"/> Guaranteed Admission Program <input type="checkbox"/> Competitive Entry Admission	

I was not able to complete my observation due to COVID 19.

### Office Experience Information

Applicant volunteered/was present: <input type="checkbox"/> Observation (8 hours) <input type="checkbox"/> Worked (500 to 1199 hours) <input type="checkbox"/> Worked (1200+ hours)
Applicant was present from/on: (dd/mm/yyyy) through (dd/mm/yyyy)
Applicants Position:
Applicants Responsibilities:

### Dental Office Information

Name of Supervisor:	Position of Supervisor: <input type="checkbox"/> Dentist <input type="checkbox"/> Office Manager <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	
Address of Facility:		
Phone:	Fax:	Email:
Preferred method of contact for verification (method and time)		

We certify that the above statements are true and correct to the best of our knowledge

Signature of Applicant	Date:
Signature of Supervisor	Date:

