

Germanna Community College Dental Hygiene Program Application Employer Work Experience Documentation

This form will be accepted June 1st through September 1st of each year. Please type or print with a pen. The form must be filled out completely or the application will be incomplete. Work Experience Statement forms must be submitted for each employer.

Name of Dental Hygiene Applicant: _____

Name of Dental Practice Office: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Licensed Dentist: _____

License #: _____

State License Issued: _____

I hereby attest that the above-named applicant has _____ hours of dental assisting work experience.

Dates applicant has been in my employment: From: _____ / _____ To: _____ / _____
Month Year Month Year

Dates of previous employment: From: _____ / _____ To: _____ / _____
Month Year Month Year

During the tenure of employment, this applicant demonstrated competence in the following:

_____ Preliminary examination of patients
(intraoral and extraoral)

_____ Chart teeth/complete treatment
documentation

_____ Use of diagnostic aids (such as
radiographs and impressions for study
models)

_____ Take and record patient vital signs

_____ Four-handed dentistry techniques

_____ Preparation and understanding of
armamentarium

_____ Perform and assist with intraoral
procedures

_____ Manage patients

_____ Processes and procedures for the
laboratory

_____ Use, handling and characteristics of
dental materials

_____ Provide oral health patient education

_____ Office operations (inventory,
ordering, equipment maintenance, legal)

_____ Prevent/manage medical/dental
emergencies

Signature of Licensed Dentist: _____ Date: _____

Please place an official office stamp/seal for the practice in the area below.