

# Germanna Community College Dental Hygiene Program Application Employer Work Experience Documentation

This form will be accepted June 1<sup>st</sup> through August 29<sup>th</sup> 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.