



Dental Office Employment Verification Form

Applicants with previous employment history in a dental office may present proof of employment to be reviewed, verified, and considered for points toward Dental Hygiene Program admission. Please complete one form for each employment experience that qualifies, ensuring all content and proper signatures are present.

Dental Hygiene Program Applicant Name: _____

Office Name, Location & Contact Information	Field of Dentistry (select one)	Employment Status	Start Date & End Date (Month/Year)	Duration of Employment
	<input type="radio"/> General/Cosmetic <input type="radio"/> Periodontology <input type="radio"/> Endodontics <input type="radio"/> Orthodontics <input type="radio"/> Prosthodontics <input type="radio"/> Oral Surgery	<input type="checkbox"/> Full-time	Start: ___ / ___ End: ___ / ___	_____ Years _____ Months

Full-time employment is considered 30.0+ hours per week.

Identify Primary Duties Performed:

I certify that this Dental Hygiene Program applicant was employed in my dental practice for the number of years and months indicated above. I also certify that this applicant promoted strong professional behavior and demonstrated ethical patient care throughout the duration of employment.

Printed Name of Dentist / Office Manager

Signature of Dentist / Office Manager

Date

I hereby confirm that the above information is true and accurate, and I understand it will be subject to verification by the SCF Dental Hygiene Department.

Printed Name of Applicant

Signature of Applicant

Date

****The employment verification form will only be accepted during the program's open application cycle. Numerous forms may be submitted for multiple employers.***