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FORM 4 - Work Verification for LCC Dental Hygiene Program

PURPOSE:

Applicants to the Dental Hygiene program at Lane Community College can gain additional points toward their application from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form.

INSTRUCTIONS:

1. Applicant completes Part 1 before sending the form to the employers.	oyer/agency. Duplicate this form for additional		
 Employer/agency completes Part 2 and returns form to applicar 	nt.		
PART 1. To be filled out by Dental Hygiene Applicant			
Applicant Name:	Prior Name if applicable:		
Applicant Address:	SS#:		
Facility Name and type:			
Facility Current Address:			
Length of employment (mm/dd/yy): from to	Total Hours Paid Dental Office work:		
Job Title:	Supervisor:		
Complete a detailed description of Job Duties (any additional pages added must be signed by Dentist or HR)			
I allow Lane Community College to verify this information. I acknowledge disciplinary action as stated in the LCC Student Code of Conduct. Applicant's Signature:			
Dear Employer,			
Please return the completed form by applicant may include the form with the Dental Hygiene Progr			
PART 2. To be signed by Dentist or Human Resources represen	tative.		
Facility Name:	Tame: Phone:		
Supervisor of Applicant (must be a Dentist):			
I verify the information provided by the applicant to be accurate applicant added additional detail to description of job duties,			
Supervisor or Human Resources Representative:			
Title:	Phone:		
Signature:	Date:		

All information in the shaded area is required. It is the student's responsibility to be sure that all parts of this form are completed. Students: If you are unable to obtain the necessary information send questions to DHProgram@lanecc.edu.

1/18/2018 **1 of 1**