

## DENTAL ASSISTING APPLICATION OBSERVATION VERIFICATION FORM

Use this form to provide verification of observation hours in a dental office to understand the roll of a Dental Assistant and the job entailed.

- **6 hours are required for application points.** These hours can be accrued in a single office, or a combination of 2 offices.
- They can be from a general dentistry practice or a specialty practice. If you do not find an office to participate, please call the Lane Dental Clinic to arrange hours there: 541-463-5206.
- Following your observation, please fill out all information, obtain a signature from the office staff, and submit this form along with your application to the Dental Assisting Program.

Student Name: \_\_\_\_\_ L# \_\_\_\_\_

1) Observation office name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Staff verification signature: \_\_\_\_\_ Hours Completed \_\_\_\_\_

Staff printed name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

2) Observation office name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Staff verification signature: \_\_\_\_\_ Hours Completed \_\_\_\_\_

Staff printed name: \_\_\_\_\_ Date \_\_\_\_\_