

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.

Your Name: _____ L# _____

Observation office name: _____

Address: _____

Phone number: _____

Email: _____

Staff verification Signature: _____ Date _____

Staff printed name: _____

Observation office name: _____

Address: _____

Phone number: _____

Email: _____

Staff verification Signature: _____ Date _____

Staff printed name: _____