

L# \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

## Work Verification for LCC Dental Assisting Program

**PURPOSE:**

Applicants to the Dental Assisting 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 employer/agency. Duplicate this form for additional employers.
2. Employer/agency completes **Part 2** and returns form to applicant.

**PART 1. To be filled out by Dental Assisting 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 that any false information I provide is subject to disciplinary action as stated in the LCC Student Code of Conduct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Employer,**

Please return the completed form by \_\_\_\_\_ (date to be filled in by applicant) so the applicant may include the form with the Dental Assisting Program Application.

**PART 2. To be signed by Dentist or Human Resources representative.**

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor of Applicant: \_\_\_\_\_

*I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.*

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 [HPApplicationCenter@lanecc.edu](mailto:HPApplicationCenter@lanecc.edu).