**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 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 Hygiene Applicant**

Applicant Name: ____________________________  Prior Name if applicable: __________________
Applicant Address: _________________________________________________________________
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 Hygiene Program Application.

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

Facility Name: _____________________________  Phone: _____________________________
Supervisor of Applicant (must be a Dentist): _____________________________
_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 DHProgram@lanecc.edu.