

DENTAL OFFICE EXPERIENCE FORM

(To be filled in and signed by dentist and/or dental hygienist)

Turn form in to the **Admissions Office** of either West Kentucky Community and Technical College (Dental Assisting) or Henderson Community College (Dental Hygiene) by **March 1**.

PLEASE PRINT

1. Applicant's Name _____

2. Employee ____ Non-Employee ____

3. Type of experiences that pertain to the applicant. (Please check all that apply.)

- ____ Observed Dental Procedures
- ____ Chairside Assisting
- ____ Reception - Secretary
- ____ Patient Education
- ____ Expanded Duty Assisting
- ____ Laboratory Procedures

Other _____

4. Number of hours devoted to dental assisting/dental hygiene related work and/or observation:

(Minimum of 4 hours required)

Hours/Days _____

Other _____

Date under supervision _____ to _____

5. Any additional comments you wish to make about the applicant: _____

Signed _____

Name (typed or printed) _____

Address _____

Phone Number (____) _____

FOR ADMISSIONS OFFICE USE ONLY

(To be completed by applicant)

Name: _____

Social Security Number: _____