VERIFICATION OF TIME SPENT OBSERVING OR WORKING
IN A DENTAL OFFICE OR CLINIC
(Observation hours must be conducted in a general dentistry office. Specialty offices do not meet the requirement (i.e. Orthodontists, Denture Clinics, etc.)
(This sheet may be copied, but must be returned with the application)
*Please call dentist office to make appointment

APPLICANT _________________________________________________________________________
LAST NAME                       FIRST NAME                        MI
I verify that the above named applicant has
☐ Observed

Date: _______________ Hours: _______________

(A minimum of 16 hours is required)

____________________________________________________________________________________

NAME OF DENTIST, DENTAL PRACTICE OR CLINIC

____________________________________________________________________________________
PRINT NAME OF VERIFYING DENTIST

____________________________________________________________________________________
SIGNATURE OF VERIFYING DENTIST

____________________________________________________________________________________
LICENSE NUMBER

____________________________________________________________________________________
STREET ADDRESS OF DENTIST OR DENTAL PRACTICE OR CLINIC

____________________________________________________________________________________
CITY                        COUNTY/STATE                      ZIP

Complete and return the application, health questionnaire, and verification of dental experience to

South Florida State College
Health Sciences, Attention: Health Sciences Specialist
600 West College Drive, Avon Park, FL 33825

Questions? 863-784-7027
South Florida State College is an equal access/equal opportunity institution