



**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)

APPLICANT _____
LAST NAME FIRST NAME MI

I verify that the above named applicant has:

- Observed** **Date:** _____ **Hours:** _____
- Been Employed** **Dates (From):** _____ **(To):** _____

(A minimum of 40 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.