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.