



**VERIFICATION OF TIME SPENT OBSERVING
IN A DENTAL OFFICE OR CLINIC**
Observation hours must be conducted in a general dentistry office.
Specialty offices (e.g., orthodontists, denture clinics, etc.)
do not meet the requirement.

(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, 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? Call 863-784-7029.