



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