



VERIFICATION OF TIME SPENT OBSERVING IN A DENTAL OFFICE OR CLINIC

DA - Observation hours may be conducted in a general dentistry office or a specialty office.

(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.