

CERTIFICATION OF WORK EXPERIENCE

Credit toward admission into the TMCC Dental Hygiene Program is given for full time (32+ hrs/wk) or part time (12–31 hrs/wk) minimum of 3 months paid work in a dental office/clinic or dental laboratory setting.

This form *must* be signed by the verifying dentist. This form may also be photocopied if more than one is needed.

Candidate _____ is applying to the TMCC Dental Hygiene Program.
(Applicant's Name)

This person was employed (*circle one*): full time / or / part time by _____, DDS
(Name of Dentist)

from _____ through _____
(day, month, year) *(day, month, year)*

Total full time months worked and hours per week _____
(months) *(hours)*

Total part time months worked and hours per week _____
(months) *(hours)*

He/She held the position(s) of _____ while employed here and had the following responsibilities:

I certify that the above statements are true to the best of my knowledge. The above statements are valid and a verification of my employee records in this office.

Signature of Dentist submitting the above information

Date

Printed Name of Dentist submitting above information

Address of Dental Practice

Telephone

Signature of Applicant

Date