



**YAKIMA  
VALLEY  
COLLEGE**

Dental Hygiene Department

**Dental Work Experience Verification Form**

*Complete one form per employer to document up to 3200 hours.*

**Applicant Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

The above named applicant has worked/volunteered (circle one) in this dental office/clinic for:  
Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_

Average number of hours each week: \_\_\_\_\_ 32 - 40 hours/week = full time; 50 weeks = 1 yr.

**Total hours worked:** \_\_\_\_\_  
(Please do not enter hours per week.)

Name of office or clinic \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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*I certify that I am the person identified and the above information is accurate.*

Applicant Attestation Signature \_\_\_\_\_ Date \_\_\_\_\_

Brief explanation of dental assisting training:

List specific duties:

List skills in which you feel competent performing as a dental assistant: