

NORTHERN VIRGINIA COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM DOCUMENTATION OF CHAIRSIDE DENTAL ASSISTING WORK EXPERIENCE FORM

Applicants must use a separate form for documenting all dental assisting work experience for each dental office. Applicant's Name: ______ Dentist's Name: _____ Office Address: _____ Street Address City State Zip Code Office Telephone: _____ Area Code Telephone Number Office E-mail Address: Applicant's Position Title: _____to ____ Dates of Service: Please indicate if the Applicant was: Full-Time \geq 32 hours/week: _____ or Part-Time: _____ If Part-Time: Hours per Week ____ I certify that the above information is correct and accurate for this applicant who is applying to Northern Virginia Community College's Dental Hygiene Program. Dentist's Signature Date

NOTE: This is the official form that must be used for the documentation of all chairside dental assisting work experience prior to February 15, 2025. There are to be <u>NO</u> substitutions such as letters when accounting for work experience as a dental assistant working chairside in a dental practice. This form will be considered valid documentation of work experience for 2 application cycles (2025, 2026). This is the <u>ONLY</u> form that will be reviewed and scored as part of the admissions process.