

Documentation of Dental Office Work Experience/Job Shadow

PURPOSE:

Applicants to the Dental Hygiene program at the College of Southern Idaho can gain additional points toward their admission from prior or current employment in a dental office. The admission process requires verification of paid work experience in a dental office. **Employers are asked to verify the applicant's description of job duties and number of hours of patient care using this form. Please be as specific and detailed as possible.**

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Name and type of Facility: _____

Length of employment from _____ to _____

Total hours paid Dental Office work: _____ **Total hours non-paid Dental Office work:** _____

Detailed job description:

I allow the College of Southern Idaho to verify this information, I acknowledge that any false information I provide is subject to disciplinary action as stated in the CSI Student Code of Conduct.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Please return the completed form by _____ (date to be filled in by applicant) so the applicant may include the form with the Dental Hygiene Admissions Packet.

Facility: _____ Phone: _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

Dentist Signature: _____ Date: _____

It is the student's responsibility to be sure this form is complete. Students: If you are unable to obtain the necessary information send questions to tclark@csi.edu.

Student Signature: _____ **Date:** _____

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