



**Northern Virginia
Community College**

Medical Education Campus

**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: _____

Dates of Service: _____ to _____

Month/Year

Month/Year

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, 2024. There are to be **NO** 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 (2024, 2025). This is the **ONLY** form that will be reviewed and scored as part of the admissions process.