



**Northern Virginia  
Community College**

**Medical Education Campus**

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

Applicants must use a **separate** form for documenting all dental assisting work experience for **each** dental office. Please obtain an official office stamp on this form, as well as current signatures dated between January 15<sup>th</sup>, 2020 and February 15<sup>th</sup>, 2020.

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

**Official Office Stamp:**

NOTE: This is the official form that must be used for the documentation of all chairside dental assisting work experience prior to February 15, 2020. There are to be **NO** substitutions such as letters when accounting for work experience as a dental assistant working chairside in a dental practice. All forms must have signatures dated between January 15, 2020 and February 15, 2020. Work experience forms that have dates prior to January 15, 2020 and after February 15, 2020 will not be reviewed and scored. This is the **ONLY** form that will be reviewed and scored as part of the admissions process.