

Dental Assistant Experience Form

STUDENT NAME _____ STUDENT ID _____

PHONE _____ WCTC EMAIL _____

_____ I have completed a Dental Assistant Program.

If you have completed the program at WCTC - we have your transcript. If it was taken at another location please attach transcript or certificate.

OR

_____ I have worked as a Dental Assistant Full-Time for one full year (2,080 hours).

_____ I have worked as a Dental Assistant Part-Time for two full years (2,080 hours).

A Dental Office Supervisor Signature along with the office name and phone number is required.

I certify that the above named student has worked the hours listed above as a Dental Assistant

Supervisor's Signature:

Dental Office Name and Phone Number:

