



Dental Assisting Work/Observation Experience Form

The person who supervises the observation/experience must sign the statement of observation/work experience form. When completing this form, indicate the types of dental-related experience. **PLEASE DOCUMENT THE TOTAL NUMBER OF HOURS/MONTHS OF OBSERVATION/WORK EXPERIENCE** (a minimum of 4 hours observation).

1. Applicant Name: _____

2. Please check all applicable types of experience that pertain to the applicant.

_____ Observed Dental Assisting Procedure(s) _____ Observed Reception-Secretary Duties

_____ Observed Dental Hygiene Procedure(s) _____ Observed Patient Education

_____ Other Duties Observed—please specify: _____

3. Please specify the amount of time devoted to dental assisting related work and/or observation by completing the following:

Total Number of Hours Observed: _____

Date(s) of supervision:

From: _____ 20____ To: _____ 20_____

4. Please write any additional comments on a below or on a separate piece of paper.

Signature of Supervising DDS, DMD, or RDH

Date