

VERIFICATION OF OBSERVATION HOURS  
FOR  
DENTAL ASSISTING PROGRAM

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Time In \_\_\_\_\_ a.m./p.m.

Time Out \_\_\_\_\_ a.m./p.m.

Total Hours of Observation: \_\_\_\_\_

Dental Office \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Signature \_\_\_\_\_

Comments:

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All applicants are required to visit a dental office which employs a dental assistant and observe the functions and responsibilities of a practicing dental assistant for a minimum of 8 hours as part of the application process for Dental Assisting Technology entry.

Please make additional copies for each office visited.