

Applicant: Print and upload this form during the online application process. If you are unable to complete this form by hand, contact the Health Sciences Office at 417-447-8803 to receive assistance completing it.

OZARKS TECHNICAL COMMUNITY COLLEGE

Dental Assisting - Employer Work Experience Statement

A. Applicant Information (please print clearly using pen)

Name of Candidate: _____

Name of Supervisor: _____

Name of Employer: _____

Clinical role of Candidate: _____

(Examples of healthcare-related experience include roles such as Sterile Processing Technician, Dental Hygiene Assistant, Pharmacy Technician, or Certified Nursing Assistant (CNA). If you do not have healthcare experience but have relevant prior work experience in other fields, please include those details. Complete the form thoroughly to ensure all experience is captured.)

B. Verification (to be completed by the Supervisor)

I hereby attest that the above-named candidate has been employed for a minimum of two months within the role listed above.

Please indicate the month and year of the employment dates:

From _____/_____/_____ To _____/_____/_____

Signature of Supervisor _____ Date _____