



Direct Patient Care Experience Verification Form

Applicants must document a minimum of 1,000 hours of **direct patient care** — hands-on care such as certified nursing assistant (CNA), phlebotomist, medical assistant, or dental assistant. Reception, scheduling, billing, and other administrative work does not qualify. Use only as many entries as you need to reach 1,000 hours, up to three employers; leave unused entries blank. Each entry must be completed and signed by that employer or supervisor.

■ APPLICANT INFORMATION

NAME

STUDENT ID

STUDENT EMAIL

■ EXPERIENCE ENTRY #1

EMPLOYER / ORGANIZATION

APPLICANT'S ROLE / TITLE

DATES OF EMPLOYMENT (START)

DATES OF EMPLOYMENT (END)

DIRECT PATIENT CARE HOURS

BRIEF DESCRIPTION OF DIRECT PATIENT CARE DUTIES

EMPLOYER / SUPERVISOR VERIFICATION

SUPERVISOR NAME & TITLE

PHONE / EMAIL

SIGNATURE

DATE

☐ I verify the above is accurate

■ EXPERIENCE ENTRY #2

EMPLOYER / ORGANIZATION

APPLICANT'S ROLE / TITLE

DATES OF EMPLOYMENT (START)

DATES OF EMPLOYMENT (END)

DIRECT PATIENT CARE HOURS

BRIEF DESCRIPTION OF DIRECT PATIENT CARE DUTIES

EMPLOYER / SUPERVISOR VERIFICATION

SUPERVISOR NAME & TITLE

PHONE / EMAIL

SIGNATURE

DATE

☐ I verify the above is accurate



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■ EXPERIENCE ENTRY #3

EMPLOYER / ORGANIZATION

APPLICANT'S ROLE / TITLE

DATES OF EMPLOYMENT (START)

DATES OF EMPLOYMENT (END)

DIRECT PATIENT CARE HOURS

BRIEF DESCRIPTION OF DIRECT PATIENT CARE DUTIES

EMPLOYER / SUPERVISOR VERIFICATION

SUPERVISOR NAME & TITLE

PHONE / EMAIL

SIGNATURE

DATE

☐ I verify the above is accurate

■ TOTAL HOURS SUMMARY

Total Direct Patient Care Hours (all positions)

Minimum required: 1,000 hours. One employer is sufficient if it meets the minimum; complete additional entries only as needed, up to three.

Submit this completed form with your Dental Hygiene program application. Each entry you complete must be signed by the employer or supervisor listed for that entry; unsigned entries will not be counted toward the 1,000-hour minimum. Unused entries may be left blank.