

Documentation of Dental Office Work Experience/Job Shadow

PURPOSE:

Applicants to the Dental Hygiene program at the College of Southern Idaho can gain additional points toward their admission from prior or current employment in a dental office. The admission process requires verification of paid work experience in a dental office. Employers are asked to verify the applicant's description of job duties and number of hours of patient care using this form. Please be as specific and detailed as possible.

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Name and type of Facility: _____

Length of employment from _____ to _____

Total hours paid Dental Office work: _____ To total hours non-paid Dental Office work: _____

Detailed job description:

I allow the College of Southern Idaho to verify this information, I acknowledge that any false information I provide is subject to disciplinary action as stated in the CSI Student Code of Conduct.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Please return the completed form by _____ (date to be filled in by applicant) so the applicant may include the form with the Dental Hygiene Admissions Packet.

Facility: _____ Phone: _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant