

 **FOOTHILL COLLEGE**
DENTAL HYGIENE PROGRAM
Certification of Dental Work Experience

Credit toward admission into the Dental Hygiene Program is given for full-time (32-40 hours weekly) or part-time (12-29 hours weekly) **paid** work experience in a dental office. Credit is given for a maximum of 36 months. The verifying dentist must sign this form. This form may also be copied if more than one is needed.

_____ is applying to the Dental Hygiene Program at Foothill College.
Applicant's Name

This person was employed full---time by Doctor _____ from
_____ through _____

Indicate the average hours worked per day _____

Indicate total full---time months worked and hours per week _____

Indicate total part---time months worked and hours per week _____

The office is located at _____

Office telephone number _____

Office fax number _____

They held the position(s) of _____

while employed here and had the following responsibilities:

I certify that the above statements are true to the best of my knowledge.

Signature of Doctor submitting the above statements Date

The above statements are valid and a verification of my work record in this office.

Signature of Applicant Date

Foothill College reserves the right to audit above information.
Do not submit Letters of Recommendation.

You must submit a copy of your W---2 form to document your employment for the time period you are claiming.