Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

CERTIFICATION OF DENTAL WORK EXPERIENCE

To the applicant: You may submit this form separate from your application without it affecting original date of submittal, however, the Dental Hygiene Program must receive this form prior to the application deadline of February 12, 2015. If you do not have Dental Work Experience, the submittal of this form is not required.

If applicable, this form **MUST** be signed by the verifying dentist. This form may also be photocopied if more than one is needed.

I, _____ am applying for admittance to the Dental Hygiene Program at Southwestern College. I authorize release of the requested information on this form.

Signature of Applicant: _____ Date: _____

Please complete this form for the person name above. This information is for use of the Southwestern College Dental Hygiene Program only. Thank you for your time.

This person was employed (circle one): FULL TIME or PART TIME by:

_____DDS/DMD

from _____ through_____
(day, month, year) (day, month, year)

Total FULL TIME months worked and hours per week_____
(months) (hours)

Total PART TIME months worked and hours per week_____
(months) (hours)

He/She 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 and verification of employee records are held in this office.

_____ _____
Signature of Dentist submitting the above information Date

_____
Printed Name of Dentist submitting above information

_____ _____
Address Phone

VKW/sbr: 10/2013