

# Dental Assisting Certification, Education, and Experience Verification Form

*(Certified Dental Assistant (CDA), Neighborcare Dental Assistant, and/or graduate of CODA program)*

APPLICANT'S NAME: \_\_\_\_\_

Applicants to the dental hygiene program are acknowledged for the following dental assisting certification, education, and experience:

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| <ul style="list-style-type: none"><li>• CDA Certification through Dental Assisting National Board (DANB); OR</li><li>• 1,000 or more hours experience as a Neighborcare dental assistant or front office assistant; OR</li><li>• Graduation from or current enrollment in a CODA-accredited programs requiring 9 months or more of full - time study.</li></ul> |
| <ul style="list-style-type: none"><li>• Graduation from or current enrollment in a non-accredited dental assistant program</li></ul>                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"><li>• Verified hours of current or previous employment as a Registered Dental Assistant</li></ul>                                                                                                                                                                                                                             |

To receive credit in your application packet, you MUST provide proof of at least one of the following:  
(place a check mark on the documents you are submitting)

- |                                                                                                                                                                                                                                                                                                                                                                        |
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| <ul style="list-style-type: none"><li>○ Copy of Dental Assisting National Board's Certified Dental Assistant (CDA) certificate; OR</li><li>○ Dental assisting experience verification form; OR</li><li>○ Copy of Dental Assisting program's graduation certificate; OR</li><li>○ Copy of unofficial transcripts from the graduating dental assisting program</li></ul> |
| <ul style="list-style-type: none"><li>○ Copy of Dental Assisting program's graduation certificate; OR</li><li>○ Copy of unofficial transcripts from the graduating dental assisting program</li></ul>                                                                                                                                                                  |
| <ul style="list-style-type: none"><li>○ Copy of registration form issued by the Washington State Department of Health</li></ul>                                                                                                                                                                                                                                        |

I verify that the information contained in the document is accurate to the best of my knowledge.

\_\_\_\_\_  
*(Applicant signature)*

\_\_\_\_\_  
*(Date)*

## Dental Assisting Experience Verification Form

For employment verification as a dental assistant, the Clinic Manager or Supervisor must provide and verify the requested information.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Full Time or Part Time: \_\_\_\_\_

I certify that \_\_\_\_\_ works/worked at \_\_\_\_\_  
(Name of Employee) (Name of Dental Clinic)  
for the dates listed. She/he worked a total of \_\_\_\_\_ hours in this position.

\_\_\_\_\_  
Supervisor Name (please print)                      Supervisor/Position Title                      Date

\_\_\_\_\_  
Supervisor Signature

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Name of Neighborcare Dental Clinic)

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### FOR OFFICE USE ONLY

VERIFIED:     YES     NO    DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**Please upload this document in with your online application.**