

EMPLOYMENT VERIFICATION FORM

PLEASE PRINT:

Name of Employer/Dentist: _____ Dentist's License No. _____

Address: _____

Phone Number: _____ Email Address: _____

Name of Employee: _____ Phone Number: _____

Address: _____

I HEREBY ATTEST THAT THE ABOVE-NAMED EMPLOYEE HAS BEEN IN MY EMPLOYMENT FOR (Check one):

- ☐ At least 400 hours of clinical dental assisting experience in preparation for Preliminary Oral Inspection course.
- ☐ At least 400 hours of clinical dental assisting experience and has taken Preliminary Oral Inspection course.

Employee is applying for the following courses:

- | | | |
|--|--|--|
| ☐ Preliminary Oral Inspection | ☐ Dental Sealants | ☐ Monitoring Nitrous Oxide Administration |
| ☐ Dental Radiology | ☐ In-Office Whitening | ☐ Expanded Orthodontic Duties ☐ EFDA |
| ☐ Coronal Polishing | ☐ Taking Impressions | ☐ Temporary Crown & Bridge Fabrication |

During the tenure of employment, I further attest to the fact that I have personally trained or can verify that the candidate has been trained in the following areas. If this dental assistant does not perform all of these functions in the office, she/he must still possess a basic understanding of them in order to increase his/her likelihood of success in the workshops provided by NHTI. (Check all that apply)

- | | |
|--|--|
| ☐ Infection control & proper hand washing technique | ☐ Importance of treatment documentation |
| ☐ Aseptic technique and preventing cross-contamination | ☐ Patient management techniques |
| ☐ Equipment disinfection and sterilization methods | ☐ Knowledge of proper plaque control techniques |
| ☐ PPE (Personal Protective Equipment) | ☐ Use, handling & characteristics of dental materials |
| ☐ Standards and guidelines of occupational safety for dental office personnel | ☐ Processes and procedures for the laboratory |
| ☐ Assisting with intraoral procedures | ☐ Radiation safety for patient and operator |
| ☐ Four-handed dentistry techniques | ☐ HIPPA and confidentiality |

Signature of Licensed Dentist/Employer: _____ Date: _____

Please return by email to: nhtiwe@ccsnh.edu

If you have any questions, you may contact us at 603-230-4022