

Name as indicated in **myLane**

L# _____ First _____ Last _____

FORM 4 - Work Verification for LCC Dental Hygiene Program

PURPOSE:

Applicants to the Dental Hygiene program at Lane Community College can gain additional points toward their application from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form.

INSTRUCTIONS:

1. Applicant completes **Part 1** before sending the form to the employer/agency. Duplicate this form for additional employers.
2. Employer/agency completes **Part 2** and returns form to applicant.

PART 1. To be filled out by Dental Hygiene Applicant

Applicant Name: _____ Prior Name if applicable: _____

Applicant Address: _____ SS#: _____

Facility Name and type: _____

Facility Current Address: _____

Length of employment (mm/dd/yy): from _____ to _____ Total Hours Paid Dental Office work: _____

Job Title: _____ Supervisor: _____

Complete a detailed description of Job Duties (any additional pages added must be signed by Dentist or HR)

I allow Lane Community College to verify this information. I acknowledge that any false information I provide is subject to disciplinary action as stated in the LCC Student Code of Conduct.

Applicant's Signature: _____ Date: _____

Dear 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 Program Application.

PART 2. To be signed by Dentist or Human Resources representative.

Facility Name: _____ Phone: _____

Supervisor of Applicant (must be a Dentist): _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

Supervisor or Human Resources Representative: _____

Title: _____ Phone: _____

Signature: _____ Date: _____

All information in the shaded area is required. It is the student's responsibility to be sure that all parts of this form are completed. Students: If you are unable to obtain the necessary information send questions to DHPProgram@lanecc.edu.