



**VERIFICATION OF TIME SPENT OBSERVING IN A DENTAL OFFICE OR CLINIC**

**DA - Observation hours may be conducted in a general dentistry office or a specialty office.**

**APPLICANT** \_\_\_\_\_  
LAST NAME FIRST NAME MI

**I verify that the above-named applicant has:**

**Observed**      **Date:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Been Employed**      **Dates (From):** \_\_\_\_\_ **(To):** \_\_\_\_\_

**(A minimum of 32 hours is required)**

\_\_\_\_\_  
**NAME OF DENTIST, DENTAL PRACTICE OR CLINIC**

\_\_\_\_\_  
**PRINT NAME OF VERIFYING DENTIST**

\_\_\_\_\_  
**SIGNATURE OF VERIFYING DENTIST**

\_\_\_\_\_  
**LICENSE NUMBER**

\_\_\_\_\_  
**STREET ADDRESS OF DENTIST OR DENTAL PRACTICE OR CLINIC**

\_\_\_\_\_  
**CITY COUNTY/STATE ZIP**

**Complete and return the verification of dental experience to [healthsciences@southflorida.edu](mailto:healthsciences@southflorida.edu) or mail to:**

**South Florida State College  
Attention: Health Sciences  
600 West College Drive, Avon Park, FL 33825**

**Questions? 863-784-7027**

South Florida State College is an equal access/equal opportunity institution.