



VERIFICATION OF OBSERVATION, VOLUNTEER SERVICE, OR WORK EXPERIENCE
Verification must be from a licensed general dentist or dental hygienist. Specialty offices do not meet the requirement (i.e. Orthodontists, Denture Clinics, etc.)
**Please call dentist office to schedule observation hours.*

APPLICANT _____
 Last Name First Name Mi

I verify that the above named applicant has:

- Observed Date(s): _____ Total Hours: _____
- Been Employed Dates (Start): _____ (End): _____

(A minimum of 32 hours is required)

 Name of Dentist, Dental Practice or Clinic

 Address City State Zip

 Print Name of Verifying Dentist License Number

 Signature of Verifying Dentist Date

Please submit verification of dental experience to:

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

or email to healthsciences@southflorida.edu