DENTAL ASSISTING EMPLOYMENT VERIFICATION FORM

PLEASE PRINT:

Name of Employer/Dentist: _____Dentist's License Number _____

Address: _____

Phone Number: _____Fax Number: _____

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

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

Signature of Licensed Dentist/Employer: _____Date: _____

Please return by mail to: Business Training Center, Farnum Hall
NHTI, Concord's Community College
31 College Drive, Concord, NH 03301-7412

Or fax to: (603)271-6667