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  ☐ HIPPA and confidentiality
☐ Aseptic technique and preventing cross-contamination  ☐ Importance of medical history documentation
☐ Equipment disinfection and sterilization methods  ☐ Importance of treatment documentation
☐ PPE (Personal Protective Equipment)  ☐ Patient management techniques
☐ Standards and guidelines of occupational safety for dental office personnel  ☐ Knowledge of proper plaque control techniques
☐ Assisting with intraoral procedures  ☐ Use, handling & characteristics of dental materials
☐ Four-handed dentistry techniques  ☐ 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)230-9304