



Employment Verification Form

Dental Assisting Academy of the Palm Beaches

Student Name: _____

Student Email: _____

Current Employer: _____

Employer Address: _____

Employer Phone/Email: _____

Employment Dates: _____

Student Signature: _____

*I have read the information above and verify the information to be correct. By signing this form I acknowledge that I have formally trained the student a **minimum of three months** as a general practice chair-side dental assistant or hygienist.*

Doctor's Signature: _____

Doctor's License #: _____

Date Signed by Doctor: _____

Dental Assisting Academy of the Palm Beaches requires verification of employment prior to attending any one day certification courses.

