



Employment Verification Form

Dental Assisting Academy of the Palm Beaches

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

Student Name: _____

Current Employer: _____

Employer Address: _____

Employer Phone/Email: _____

Employment Dates: _____

Student Signature: _____

Student Email Address: _____

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: _____

