



# 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.

