



PCC Dental Hygiene Program
Dental Experience Documentation Form - Part I

Applicant Name:	Applicant Student ID Number: G0
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Applicants may earn up to 7 points for Dental Experience in ONE of the categories listed below. Please check off the box that reflects your Dental Experience hours:

<input type="checkbox"/>	800 hours employment = 6 points
<input type="checkbox"/>	DANB Certified Dental Assistant (CDA) or enrolled in a CDA program = 7 points

- Healthcare experience hours must be complete by the **end of the PCC winter term** prior to the application deadline. Experience points will not be awarded if forms are incomplete or if supporting documentation of dental assisting certification or paid work experience hours is missing.
- Failure to upload supporting documentation will affect consideration for experience points.
- **All required documentation must be uploaded to your DHCAS online application by 8:59pm PST (11:59pm EST) on the application deadline.**
- Documentation submitted after the deadline will not be considered.
- By signing below, I certify that I have uploaded proof of dental experience for consideration by the admission evaluation committee.
- By signing below, I certify that I understand that providing false information on this form will result in nullification of application.
- I understand that I must submit both pages of this form for my experience to be considered.
- Forms will not be accepted for point consideration without a valid signature.

Applicant Signature: _____ Date: ____/____/____

Both pages of this completed form must be uploaded to the documents section of the DHCAS application.



PCC Dental Hygiene Program
Dental Experience Documentation Form - Part II

To Be Completed by the Supervisor/ DANB CDA Instructor/ Dentist		
Applicant Name & Title:		
Dental Office, Clinic, or CDA Program Name:		
Dental Office, Clinic, or CDA Program Address:		
Supervisor, CDA Instructor, or Dentist Name:		
Supervisor/ CDA Instructor, or Dentist Title:		
Primary Contact Phone:		
Email Address:		
Dates of Employment/Service:	Begin Date:	End Date:
Hours completed by the end of Winter Term:	Total Hours:	
Is this a paid position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a certification required for this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please specify the certification type:		
Please provide a brief description of the position/service performed OR attach a detailed position description which the applicant will need to upload to their DHCAS application:		

I verify the above information is complete and true. PCC reserves the right to contact anyone listed on this form to verify the information listed on this form. **Forms will not be accepted without a valid signature.**

Supervisor/CDA Instructor/Dentist Signature: _____ Date: __/__/__

Both pages of this completed form must be uploaded to the documents section of the DHCAS Application.