Portland Community College®

Applicants who are completing job shadowing at a Dental Clinic must shadow with a general or orthodontic dental assistant. Applicants may upload multiple forms to their application to document experience hours.

Applicant Name: _____ **Student ID:** _____
(Applicant, please fill out above)

To be completed by the **Dentist** or **Clinic Coordinator** and returned to the applicant:

Name of Dental Office or Clinic			
Address			
Dentist / Coordinator Name			
Phone Number			
Email			
Date(s) of Experience			
Time(s) of Experience			
Total Hours Completed			

I verify that the above-identified applicant has completed shadowing at our Dental Clinic. PCC reserves the right to contact anyone listed on this form to verify that the information is true and correct. **Forms will not be accepted without a valid signature.**

Dentist / Coordinator Signature _____ Date ___/___/____

This form must be completed and uploaded to your Dental Assisting application.