Applicants must complete 12 hours of shadowing and/or patient experience in a Dental Clinic or Dental Office prior to submitting their application.

12 hours of shadowing and dental experience can be accumulated through any of the following:

- Shadowing a dental assistant in a private practice or public health dental clinic
  - Use the Job Shadowing Verification Form to document this experience
- Shadowing a dental programs student at the PCC Dental Clinic (limited to one experience lasting a maximum of 3 hours)
- Completing a patient assessment at the PCC Dental Clinic, including necessary x-rays and a dental examination (approximately 1 hour; this option is exclusive to the PCC Dental Clinic)

Applicants should use page two to document their completed experience(s) at the PCC Dental Clinic and must attached their online Dental Assisting application.

How to connect with the PCC Dental Clinic:

- Email dentalclinic@pcc.edu (emails with be returned within 48 business hours)
- Include in your email:
  - Which program are you applying to (Dental Hygiene or Dental Assisting)
  - Which year you will be applying to the Dental Assisting program (2026, 2027, etc.)
  - The type of experience you want to complete (shadowing and/or a patient assessment)
  - Your general availability Monday-Friday (Dental Assisting appointment availability is M/W/F)
  - Most reliable phone number to contact you
- Arrive early and leave time to find parking
- Bring your supporting documents so they can be signed
- Important: Please inform the clinic ASAP if you cannot make it to your scheduled appointment. The clinic has a waitlist for appointments and needs adequate time to fill your spot if you are unable to attend
- PCC's Fall and Winter are the best terms to schedule at the PCC Dental Clinic. The Spring term has limited availability. The PCC Dental Clinic is closed during the summer term.
  - Anticipated Fall term availability is M/W/F between 9:00am - 4:00pm
  - Anticipated Winter term availability M & F between 9:00am - 4:00pm

To Be Completed by The Applicant	
Applicant Name:	Applicant Student ID Number: G

By signing below, I certify that I have completed a patient assessment and/or shadowed at the PCC Dental Clinic. I certify that I understand that providing false information on this form will result in nullification of my application.

Applicant Signature: _____ **Date:** ___/___/_____

To be completed by the Dental Clinic Coordinator or Dental Instructor
Coordinator / Instructor Name:
Coordinator / Instructor Title:
Coordinator / Instructor Email Address:
Applicant PCC Dental Clinic Experience Information
Please indicate if the applicant completed the following experience(s): ☐ Shadowed for 3 hours ☐ Completed a patient assessment
Date(s) of experience:
Total hours shadowing (if applicable):
Type of assessment (if applicable):

I verify that the above-identified applicant has either completed assessment and/or shadowed at the PCC 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.**

Coordinator / Instructor Signature: _____ **Date:** ___/___/____

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