Portland Community College

PCC Dental Hygiene Program

Dental Experience Documentation Form

Applicant Name:	Applicant Student ID Number:

Part I: To Be Completed by The Applicant		
Check off the box that reflects your dental experience hours completed through March 21, 2027:	☐	EFDA Certification or proof of an international dental degree **= 4 pts**
	☐	1000+ hours employment in a dental office or setting **= 6 pts**
	☐	CODA approved Dental Assisting Certification (complete or in good standing progress) or Completed DANB CDA (proof of DANB certification required) **= 10 points**

Applicant Signature: _____ Date: _____/_____/_____

To Be Completed by the Supervisor/DANB CDA Instructor/Dentist		
Dental Office/Clinic/CDA Program Name:		
Dental Office/Clinic/CDA Program Address:		
Supervisor/CDA Instructor/Dentist Name & Title:		
Primary Contact Phone:		
Contact Email Address:		
Dates of Employment/Service:	Begin Date:	End Date:
Hours completed by March 21, 2027:		
Applicant position title:		
Is this a paid position?	☐ Yes	☐ No
Is a certification required?	☐ Yes (Please specify)	☐ No
Provide a brief description of the position/service performed OR attach a detailed position description.		

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 is true and correct. **Forms will not be accepted if incomplete.**

Supervisor/CDA Instructor/Dentist Signature:

_____ Date: _____/_____/_____

This completed form must be uploaded to the documents section of the DHCAS Application.