



PCC Dental Hygiene Program  
Dental Experience Documentation Form

Applicant Name:	Applicant Student ID Number: <b>G0</b>
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**Part I: To Be Completed by The Applicant**

Check off the box that reflects your dental experience hours completed through March 22, 2026:	<input type="checkbox"/>	1000+ hours employment = <b>6 points</b>
	<input type="checkbox"/>	DANB Certified Dental Assistant (CDA) or enrolled in a CDA program = <b>10 points</b>

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 22, 2026:	Total Hours:	
Applicant position title:		
Is this a paid position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a certification required?	<input type="checkbox"/> Yes (Please specify)	<input type="checkbox"/> 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 without a valid signature.**

Supervisor/CDA Instructor/Dentist Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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