

**WASHTENAW COMMUNITY COLLEGE
DENTAL ASSISTANT PROGRAM
ADAEP™
DEN 204 and DEN 230
Employment Verification**

This is to verify the employment of _____
in my office. I agree to assist this student in meeting program requirements and to evaluate this student according to evaluation guidelines provided by the Dental Assistant Program at Washtenaw Community College.

This verification and evaluation shall entitle the aforementioned student credit for advanced clinical, business, radiographic, and laboratory procedures in DEN 230. For the DEN 204 class this verification and evaluation shall provide WCC faculty input on the student's performance for all advanced functions procedures performed in the office as required by WCC.

The aforementioned student was/is employed by me from _____
_____ To _____. (Specific date)

It is estimated that during this period of time she/he worked _____ (Number) total hours.

Further, I agree to participate in the on-site evaluation of this student by a WCC faculty member.

Signed: _____
(Dentist Employer Signature)

(Print Dentist Employer Name)

(Print Practice Name/Dentist)

(Street Address, if mailing address is different, include both)

(City) (State) (Zip)

Date: _____