Portland Community College

PCC Dental Assisting Program

Job Shadowing Verification Form

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

Applicant Name: _____

Applicant Student ID: _____

(Applicant, please fill out the above information)

The information below must be completed by a 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 Office or Clinic. PCC reserves the right to contact anyone listed on this form to verify that the information is true and correct. Incomplete forms will not be accepted.

Dentist / Coordinator Signature: _____

Date: _____

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