



Weber State University
 Dr. Ezekiel R. Dumke College of Health Professions
 Department of Dental Hygiene
Application for Admission

DENTAL/HEALTH CARE EMPLOYMENT/VOLUNTEER
 DOCUMENTATION FORM (POST HIGH SCHOOL) *

_____ (WAS/IS) _____
 (name of applicant) (employed or volunteered)

(Choose the most appropriate)

for _____ / _____ or _____ / _____
 Years full time Years part time Months full time Months part time

(in/at) _____
 (Type of facility)

BRIEFLY describe duties of applicant:

Supervisor Signature: _____ Date: _____
 Printed Name of Supervisor: _____
 Title: _____



CERTIFICATIONS:

Are you currently certified:

- a. as a Certified Dental Assistant (CDA)? No ___ Yes ___ (attach documentation)
- b. in other areas? No ___ Yes ___ (specify & attach documentation)

***Work documentation submitted on other forms will NOT be accepted. Duplication of this form is authorized.**