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## EMPLOYMENT VERIFICATION

(Optional Form)

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address \_\_\_\_\_

I, \_\_\_\_\_ D.D.S/D.M.D certify that \_\_\_\_\_  
 (Supervising Dentist) (Applicant)

was employed by me from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as a dental assistant who  
 Month Day Year Month Day Year

performed the following expanded didactic, laboratory and clinical duties:

Check each that apply:

- 1) \_\_\_\_ Performing pulp capping procedures;
- 2) \_\_\_\_ Packing and carving of amalgam restorations;
- 3) \_\_\_\_ Placing and shaping composite resin restorations with a slow speed hand piece;
- 4) \_\_\_\_ Taking final impressions;
- 5) \_\_\_\_ Use of a non-epinephrine retraction cord;
- 6) \_\_\_\_ Final cementation of crowns and bridges after adjustment and fitting by the dentist.

\_\_\_\_\_  
Signature/Date

**Notary:**

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Sworn and subscribed to, before, this \_\_\_\_ day of (Month) \_\_\_\_\_, Year \_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name

**SEAL/STAMP**