



FORM B
EXPERIENCE VERIFICATION
(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