## **CERTIFICATION OF WORK EXPERIENCE AS A DENTAL ASSISTANT**

Applicant Name:	SSN/FEIN/ITIN #:
experience as a dental assistant in California in a dental office may have paid or unpaid he equaled 15 months and 1280 hours. If the to one dental office, please have each dentist contains the contains of the contains and the contains are contained in the	or another state (BPC § 1752.1). The work experience hours of cours as an employee, student or volunteer and must have stall number of months or hours was obtained by more than ertify such by completing a separate form. For this reason, The Declaration section below must be completed and tates.
DECLARATION OF CERTIFYING DENTIST :	
Name of Certifying Licensed Dentist:	
Street Address of Dental office:	
City/State/Zip:	
dental assistant, working	was employed by me as a hours per week from (MM/DD/YYYY)
to(MM/DD/YYYY).	
	by the applicant while in my employ was comprised of and Professions Code Section 1750.1 (see page 11 for the r.
I declare under penalty of perjury under the correct.	laws of the State of California that the above is true and
Signature of Certifying Dentist	
Date Signed	
	Dentist License No
Office Phone:	Alt Phone: