

**EFSC Dental Hygiene Program
Verification of Dental Employment**

_____ has been in my employment from _____ to _____

Name (Last, First, Middle)

Working an average of _____ hours per week

Please rate the knowledge and skill level of your dental assistant's competency to perform skills on a dental patient.

Scale: **4** Outstanding **3** Good **2** Fair **1** Poor

(Please circle your rating for each area. If not applicable, please leave that section blank.)

Rating

4	3	2	1	Communication with the public
4	3	2	1	Communication and team work with the dental team
4	3	2	1	Exhibit professional demeanor and work behaviors
4	3	2	1	Competent in use of computers and dental office management systems
4	3	2	1	Preliminary charting of existing restorations, missing teeth and oral conditions
4	3	2	1	Intraoral photography
4	3	2	1	Placing and exposing radiographs
4	3	2	1	Polishing
4	3	2	1	Applying sealants
4	3	2	1	Applying topical fluoride, cavity liners, varnishes or bases
4	3	2	1	Making impressions, creating study models
4	3	2	1	Fabrication of temporary crowns and bridges, at chairside
4	3	2	1	Cementing temporary crowns and bridges
4	3	2	1	Removing sutures/Placing or removing gingival retraction cord
4	3	2	1	Insert and remove dressings from alveolar in post-operative osteitis
4	3	2	1	Placing or removing rubber dam
4	3	2	1	Bleaching procedures
4	3	2	1	Monitoring but not inducing the administration of nitrous oxide

Comments:

Name and contact information for supervising dentist: _____

Supervising Dentist signature: _____ Type of dental practice: _____

Please Return directly to:

Eastern Florida State College, Health Science Admissions
1519 Clearlake Rd., Cocoa, FL. 32922
FAX: 321-433-7579
healthscience@easternflorida.edu