

## Form 5: Record of Employment

**Applicant – PLEASE COMPLETE THIS SECTION**

Legal Name of Applicant: .....  
Full Legal Name

*I certify that the information provided below is true and valid.*

Date (MM/DD/YYYY): ..... Signature of Applicant: .....

Please use the template below to list any current or former employment positions you have held as a dental hygienist, from the most recent to the least recent.

	<i><b>Full Name &amp; Address of Employer</b></i>	<i><b>Employed from _____ to _____</b></i>	<i><b># hours worked per week</b></i>	<i><b>Areas of responsibilities</b></i>	<i><b># of clients treated per day</b></i>	<i><b>Outline a typical day in that practice, the schedule, the amount of time allocated to each client, the type of treatment provided.</b></i>
1.						
2.						
3.						
4.						

**FORM 5: RECORD OF EMPLOYMENT**Assessment of Educational Credentials and Qualifications  
for Graduates of Non-Accredited Dental Hygiene Programs

	<i>Full Name &amp; Address of Employer</i>	<i>Employed from _____ to _____</i>	<i># hours worked per week</i>	<i>Areas of responsibilities</i>	<i># of clients treated per day</i>	<i>Outline a typical day in that practice, the schedule, the amount of time allocated to each client, the type of treatment provided.</i>
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

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