



Weber State University  
 Dr. Ezekiel R. Dumke College of Health Professions  
 Department of Dental Hygiene  
**Application for Admission**

DENTAL/HEALTH CARE EMPLOYMENT/VOLUNTEER  
 DOCUMENTATION FORM (POST HIGH SCHOOL)\*

\_\_\_\_\_ (WAS/IS) \_\_\_\_\_  
 (name of applicant) (employed or volunteered)

(Choose the most appropriate)

For \_\_\_\_\_ / \_\_\_\_\_ or \_\_\_\_\_ / \_\_\_\_\_  
 Years full time      Years part time      Hours full time      Hours part time

(in/at) \_\_\_\_\_

BRIEFLY describe duties of applicant:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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**CERTIFICATIONS:**

Are you currently certified?

- a. As a Certified Dental Assistant (CDA)? No \_\_\_\_ Yes \_\_\_\_ (attach documentation)
- b. In other areas? No \_\_\_\_ Yes \_\_\_\_ (specify & attach documentation)

**\*Work documentation submitted on forms other than this will NOT be accepted. Duplication of this form is authorized.**