



Employer Work Experience Statement (GC Research Study-Apprenticeship)

This form will be accepted through June 2025.

Please type or print with a pen. The form must be filled out completely by a licensed dentist, your supervisor, or the apprenticeship program manager.

Name of dental practice Office phone

Address City State Zip

Name of licensed dentist, supervisor, or program manager.

Job title Please list any credentials you hold

Licensed dentist, supervisor, or program manager's email (required)

Name of exam candidate:

I hereby attest that the above named candidate has a minimum of 144 hours of education and at least 10 months but no more than 2 years of work experience. I further attest that the candidate has been trained in or has demonstrated basic knowledge in the areas listed below.

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| ✓ Preliminary examination of patients (intraoral and extraoral) | ✓ Four-handed dentistry techniques | ✓ Use, handling and characteristics of dental materials |
| ✓ Chart teeth/complete treatment documentation | ✓ Preparation and understanding of armamentarium | ✓ Provide oral health patient education |
| ✓ Use of diagnostic aids (such as radiographs and impressions for study models) | ✓ Perform and assist with intraoral procedures | ✓ Office operations (inventory, ordering, equipment maintenance, legal) |
| ✓ Take and record patient vital signs | ✓ Manage patients | ✓ Prevent/manage dental/medical emergencies |
| | ✓ Processes and procedures for the laboratory | |

Signature of licensed dentist, supervisor, or program manager

Date