DANB

2024 Employer Work Experience Statement (CDA/GC Exam–Pathway II)
This form will be accepted through Dec. 31, 2024.

Please type or print with a pen. The form must be filled out completely or application will be incomplete.

Name of Dental Practice _____   Office Phone _____

Address _____   City _____   State [ ][ ]   Zip [ ][ ][ ][ ][ ]

Name of Licensed Dentist _____

License # _____   State License Issued [ ][ ]

Dentist's Email (required) _____

A licensed dentist (license verified by DANB), from any country, may assess the work experience of a candidate in the country that the above dentist supervised/trained the candidate.

Name of Exam Candidate: _____

I hereby attest that the above named candidate has a minimum of 3,500 hours dental assisting work experience, accrued over a period of at least two years to a maximum of four years. I am verifying all employment even if the candidate has worked for other dentists in prior years.

Dates candidate has been in my employment: From ____ ____   To ____ ____
                                                   Month Year   Month Year

If still currently employed, please write "present" next to "to" field, or enter today's month/year

Dates of previous employment: From ____ ____   To ____ ____
                                     Month Year   Month Year

If a candidate accrued dental assisting work experience under more than one dentist during the required time period, the candidate may submit multiple Work Experience Statement forms, or the current dentist may verify all prior work experience on this form.

I further attest that I have personally trained or can verify that the candidate has been trained in the areas listed below. During the tenure of employment, if this candidate has not performed all of these functions in the office, they must still possess a basic understanding of them in order to increase their likelihood of success on the exam. If the candidate lacks training in or has not demonstrated basic knowledge of all areas listed below, they are ineligible to take the exam.

✓ Preliminary examination of patients (intraoral and extraoral)
✓ Chart teeth/complete treatment documentation
✓ Use of diagnostic aids (such as radiographs and impressions for study models)
✓ Take and record patient vital signs

✓ Four-handed dentistry techniques
✓ Preparation and understanding of armamentarium
✓ Perform and assist with intraoral procedures
✓ Manage patients
✓ Processes and procedures for the laboratory

✓ Use, handling and characteristics of dental materials
✓ Provide oral health patient education
✓ Office operations (inventory, ordering, equipment maintenance, legal)
✓ Prevent/manage dental/medical emergencies

_____   _____
Signature of Licensed Dentist   Date

This form is required for CDA/GC exam application under Pathway II.
Please see p. 3 for required documentation.