



## 2026 Employer Work Experience Statement (COA/OA Exam–Pathway I or II)

This form will be accepted through Dec. 31, 2026.

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

Name of Orthodontic/Dental Practice  Office Phone

Address  City  State  Zip

Name of Licensed Orthodontist/Dentist

License #  State License Issued

Email (required)

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

Name of Exam Candidate:

I hereby attest that the above named candidate has a minimum of 3,500 hours orthodontic assisting work experience. The 3,500 hours must have been accrued in a minimum of two years to a maximum of four years. I am verifying all employment even if the candidate has worked for other orthodontists/dentists in prior years.

Dates candidate has been in my employment: From  /  To  /   
If still currently employed, please write "present" next to "to" field, or enter today's month/year  
Month Year Month Year

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

If a candidate accrued orthodontic assisting work experience under more than one dentist/orthodontist during the required time period, the candidate may submit multiple Work Experience Statement forms, or the current dentist/orthodontist 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)                         | ✓ Perform and assist with orthodontic procedures                        | ✓ Select disinfection or sterilization for a given situation                  |
| ✓ Chart teeth using Universal and Palmer Numbering Systems                              | ✓ Preventive management (e.g., medical emergencies, dental emergencies) | ✓ Perform sterilization and disinfection procedures                           |
| ✓ Chart treatment documentation   | ✓ Processes for laboratory procedures                                   | ✓ Standards and guidelines of occupational safety for dental office personnel |
| ✓ Use of diagnostic aids (such as radiographic images and impressions for study models) | ✓ Select and manipulate chairside dental materials                      | ✓ Manage patients   |
| ✓ Four-handed dentistry techniques  | ✓ Select and manipulate laboratory dental materials                     | ✓ Office operations (inventory, ordering, equipment maintenance, legal)       |
| ✓ Perform radiation safety  | ✓ Maintain aseptic conditions/prevent cross-contamination               |   |
| ✓ Perform infection control   |   |   |
| ✓ Select and prepare armamentarium  |   |   |

Signature of Licensed Orthodontist/Dentist

Date

**This form is required for COA/OA exam application under Pathway I or II.**

Please see p. 3 for required documentation.