



Employer Work Experience Statement

Please print clearly using pen.

Name of Candidate: _____

Name of Supervisor: _____

Name of Employer: _____

Clinical role of Candidate: _____

(Examples of candidate clinical roles: dental assistant, dental hygiene assistant, dental sterilization technician)

I hereby attest that the above-named candidate has been employed for a minimum of two years within the role listed above.

Please indicate the month and year of the employment dates:

From _____ / _____ **To** _____ / _____

X _____ **X** _____

Signature of Supervisor

Date