

State of Nebraska, Department of Health and Human Services
Division of Public Health, Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln NE 68509-4986 (402) 471-2118

Dental Assistant Experience Verification

To qualify by work experience for a dental assistant license, the applicant must have completed at least 1,500 hours of experience as a chairside dental assistant within the five years prior to the date on the application for licensure. You may submit multiple experience verification forms or letters from more than one dentist. Verification forms or letters verifying experience must be signed by the supervising licensed dentist where clinical experience as a dental assistant occurred. Letters must be on dental office letterhead and include the dentist's name, the month, day, and year the assistant began and ended employment, the number of hours worked, and that the assistant worked as a chairside dental assistant.

Name of Applicant: _____

Name of Dental Office: _____

Street Address of Dental Office: _____

Dates of employment: From

Month/Day/Year

 to

Month/Day/Year

Total Hours worked during the above timeframe providing chairside dental assistance to licensed dentist:

_____ Total hours

Print Name of Supervising Licensed Dentist

-----Bottom half to be completed by supervising licensed dentist-----

I verify that, to the best of my knowledge, this applicant's information regarding work experience (and is demonstrated by office employment, scheduling, and/or treatment records) while under my supervision and that the duties performed while employed were comprised of those specified for a dental auxiliary in regulations 172 Chapter 53 which were effective as of March 4, 1998 (http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-053.pdf):

Signature: _____ Date: _____
Supervising Licensed Dentist

Print Name: _____ Dental License Number: _____

Phone Number: _____ Alternate Phone Number (optional): _____

Name of Alternate Office Contact Name (optional): _____