

Dental Assistant Program Job Shadow Verification Form

Dear Colleague:

Thank you for allowing this individual to observe in your dental practice for a job shadow. This experience is a required prerequisite to enter into the Dental Assistant Program at Western Technical College. This direct experience gives the individual a “feel” for the profession, assists with student success and provides a clinical connection to academic learning by relating the observations to what is being described in the classroom setting. Please complete the following verification at the end of the job shadow experience. The individual observing will be responsible for submitting it to the college.

Student's Name: _____ ID Number: _____

Dental Office Name (where observing): _____

The observation must be a minimum of four (4) total hours. The observation(s) can be divided into separate dates:

Date(s) of observation(s): _____

The individual observed the following *operative treatment techniques/procedures*: i.e.: composite restoration, crown preparation, crown cementation, bridge preparation, extraction, denture adjustment.

Signed: _____ Title: _____

Thank you for your support of the Dental Assistant Program at Western Technical College.

Sincerely,



Nicole Schmit B.S.-CTET, CDA,LDA-RF,EFDA
Program Chair - DA Program

Applicant please return to:

Western Technical College
Attn: Admissions Office
400 Seventh St. North
P.O. Box C-0908
La Crosse, WI 54602-0908