



UNIVERSITY OF SOUTHERN INDIANA
DENTAL ASSISTING PROGRAM
DENTAL OFFICE OBSERVATION VERIFICATION*

Name _____
Last First

Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Dental office _____

Address _____

Dentist's signature _____

* All applicants are required to visit a dental office which employs a dental assistant and observe the functions and responsibilities of a practicing dental assistant for a minimum of 8 hours.