



## Dental Program Dental Work Experience Form (for Fall 2025 Entry)

Applicant Name: \_\_\_\_\_ RCC ID: \_\_\_\_\_

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the RCC Dental programs by March 31, 2025. To earn additional points in the selection process, the applicant must have a minimum of **300 hours** or more of work experience within the last 5 years of application caring for **human** patients in a position requiring them to have an unencumbered certification or license. The positions considered are Certified Dental Assistant (CDA) or Expanded Functions Dental Assistant (EFDA). Additional hours above 300 are awarded extra points in increments. Other positions in a dental office will be considered as well. **By providing this form to you to complete, this applicant permits you to provide the requested information. Please complete this form entirely and return it to the applicant.** Incomplete forms (signature, description of duties, roles, hours, etc.) will result in zero points for the applicant.

Applicants may earn points by submitting multiple work experience documents from multiple employers.

Applicants with work experience in any area of human patient care not listed above (or from another state or country) may be awarded points if this form is completed and an explanation of why their experience should be considered. Points for work experience in areas not listed above will depend on the demonstrable similarity of experience to aspects of a Dental Assistant role. Be sure to attach proof of training certification or other documented proof.

Supervisor/HR departments, please complete and return this form to the applicant to upload before their application due date of the March 31, 2025. If you have any questions, you may contact the RCC Dental Programs Department at 541-956-7370. Thank you so much for being so helpful.

Sincerely,  
Rogue Community College,  
Director of Dental Programs

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Please identify the healthcare role/position held by this applicant in your organization and who supervises the employee.

Role: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Did this position require Oregon certification, licensure, or national certification as indicated above? Yes \_\_\_\_ No \_\_\_\_



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If not one of the roles listed above, what degree or licensure or certification, or training was required for the role?

Please describe the applicants role:

**Total** Number of Hours Worked here: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Dentist or Office Manager*

\_\_\_\_\_  
*Printed Name and Title of Dentist or Office Manager*

\_\_\_\_\_  
*Name of Facility/Organization*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email address*