



VERIFICATION OF EMPLOYMENT

South Florida Dental Assisting School requires verification of employment prior to attending any classes.

STUDENT NAME _____

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER'S PHONE / E-MAIL _____

EMPLOYMENT DATES _____

STUDENT SIGNATURE _____

STUDENT EMAIL ADDRESS _____

I have read the information given above and verify the information to be correct. ***If any information is falsified a certificate will not be given.***

By signing this form I acknowledge that I have formally trained the student in all Expanded Functions and Radiology procedures.

DATE _____

DOCTOR'S SIGNATURE _____

DOCTOR'S LICENSE # _____

OFFICE E-MAIL _____

CLASS DATE _____

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South Florida Dental Assisting School

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Oakland Park, FL 33306
Phone: 954-445-1085
Fax: 954-351-7927

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South Florida Dental Assisting School

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Hialeah, Florida 33016
Phone: 305-469-8190
Fax: 954-351-7927

SFDAS is licensed through the Florida Board of Dentistry and the
Florida Commission for Independent Education.
License #3292 - Oakland Park, and License #4996 - Hialeah