



Continuing Education Office
1500 4th Avenue
Altoona, PA 16602
adulted@gactc.edu (814) 941-8324

EXPANDED FUNCTION DENTAL ASSISTANT CERTIFICATE PROGRAM
Verification of Clinical Dental Assisting Hours

Student Name: _____

Expanded Function Dental Assistant certificate students must have at least two years experience working as a clinical dental assistant prior to enrollment in the certificate program. Students are expected to be competent in sterilization procedures, oral evacuation, four handed dentistry, and radiologic procedures.

Dentists, please initial a response below.

_____ The above named student has completed at least two years of clinical dental assisting in my practice and is competent in the procedures stated above.

_____ The above named student has not completed at least two years of clinical dental assisting in my practice and is not competent in the procedures stated above.

Signature of Dentist: _____

Printed name of Dentist: _____

Name of Dental Practice: _____

Phone number: _____

Date: _____

We request the dental practice return this form to the Continuing Education office via email (adulted@gactc.edu) or fax (814.941.4690). If you have any questions, please feel free to call our office at 814.941.8324. Thank you!