## Appendix F – Current and Former Employers Self-Reporting Form

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| **APPLICANT – PLEASE COMPLETE THIS SECTION**  **LEGAL NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify that the information provided in this document is true and valid. **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete the template below to report your current or/and former employer(s) as a practicing dental hygienist. List your employers from the most recent to the least recent.

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| **If the Applicant has not been employed as a dental hygienist since competition of their dental hygiene program. The statement below must be signed, and the appendix submitted blank with the Applicant’s Equivalency File.**  ***I have never practiced as a dental hygienist.***  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  | ***Full Name & Address of Employer (including email address)*** | ***Employed from\_\_\_ to\_\_\_\_*** | ***# hours worked per week*** | ***Areas of responsibilities*** | ***# clients treated per day*** | ***Outline a typical day in that practice.*** |
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NOTE: APPLICANTS CAN ADD MORE ROWS IF MORE SPACE IS NEEDED.