



LOMA LINDA UNIVERSITY

Observation Hours / Work Experience Verification Form

Please fill in the appropriate information and return with your application.

STUDENT SIGNATURE _____ DATE _____

STUDENT NAME (PRINT) _____ SSN _____

I have completed _____ hours (minimum of 20 hours) of observation/work experience (volunteer / employment) at least 10 of which were done with dental hygienists.

FACILITY _____

ADDRESS _____

DENTAL HYGIENISTS / PHONE NUMBERS _____

DATES _____

DENTAL HYGIENIST'S SIGNATURES _____

It is expected that the above requirement will be met before the Admissions Committee acts on your application.