

**Applicants must complete 12 hours of shadowing and/or patient experience in a Dental Clinic or Dental Office prior to submitting their application.**

Shadowing and dental experience can be accumulated through any of the following and must total 12 hours:

- Shadowing a dental assistant in a private practice or public health dental clinic
  - Use the [Job Shadowing Verification Form](#) to document this experience
- Shadowing a dental programs student at the PCC Dental Clinic (limited to one experience lasting a maximum of 3 hours)
- Completing a patient assessment at the PCC Dental Clinic, including necessary x-rays and a dental examination (approximately 1 hour; this option is exclusive to the PCC Dental Clinic)

Applicants should use page two to document their completed experience(s) at the PCC Dental Clinic and must attach it to their online Dental Assisting application.

#### **Tips on how to connect with the PCC Dental Clinic:**

- Email [dentalclinic@pcc.edu](mailto:dentalclinic@pcc.edu) (emails will be returned within 48 business hours)
- Include in your email
  - Which program are you applying to (Dental Hygiene or Dental Assisting)
  - Which year you will be applying to the Dental Assisting program (2025, 2026, etc.)
  - What type of experience you want to complete (shadowing/completing treatment)
  - Monday-Friday general availability
  - Most reliable phone number to contact you
- PCC's Fall and Winter are the best terms to schedule at the PCC Dental Clinic. The Spring term has limited availability. The PCC Dental Clinic is closed during the summer term.
  - Anticipated Fall term availability is M/W/F between 9:00am - 4:00pm
  - Anticipated Winter term availability M & F between 9:00am - 4:00pm



PCC Dental Assisting Program  
PCC Dental Clinic Experience Verification Form

To Be Completed by The Applicant	
Applicant Name:	Applicant Student ID Number: G

By signing below, I certify that I have completed a patient assessment and/or shadowed at the PCC Dental Clinic. I certify that I understand that providing false information on this form will result in nullification of my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

To be completed by the Dental Clinic Coordinator or Dental Instructor
Coordinator / Instructor Name:
Coordinator / Instructor Title:
Coordinator / Instructor Email Address:
Applicant PCC Dental Clinic Experience Information
Please indicate if the applicant completed the following experience(s): <input type="checkbox"/> Shadowed for 3 hours <input type="checkbox"/> Completed patient assessment
Date(s) of experience:
Total hours shadowing (if applicable):
Type of assessment (if applicable):

I verify that the above-identified applicant has either completed assessment and/or shadowed at the PCC Dental Clinic. PCC reserves the right to contact anyone listed on this form to verify that the information is true and correct. **Forms will not be accepted without a valid signature.**

Coordinator / Instructor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**This page must be completed and uploaded to your Dental Assisting application.**