

**LUZERNE COUNTY COMMUNITY COLLEGE**

**EXPLANDED FUNCTION DENTAL ASSISTANT PROGRAM**

**Employer Statement**

Date:

Student name:

Dentist name:

Office address:

Students entering the Luzerne County Community College EFDA program need to provide verification that they have worked a minimum of one year as a chairside dental assistant. This does not include time at front desk, but does include time in sterilization, chairside procedures, and radiology.

The above named student is or was employed in this dental office from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Dentist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form directly to the address below. If you have any questions about this form or about the EFDA program, please call the Dental Director at 570-740-0447.

Admissions Office

Luzerne County Community College

521 Trailblazer Dr.

Nanticoke, PA 18634