

Employment Verification

(To be filled out by the employer)

Employer Contact Information:

Name: _____ Title: _____

Company/Office: _____

Phone: _____

Address: _____

Student/Employee's name: _____

This letter is to verify that _____ is an employee in my office and is/has been under my supervision as of _____, _____.
(start date of employment)

I am aware this form is used in the registration process for a class held at NC Dental U or the Dental Assistant Academy.

Signature: _____ Date: _____

Please complete and fax to Stephen Hughes @ 888-494-8114.