



DISIPC Pretest Exam—Pathway I
Experience Option 1: Dental Practice Manager
2021 Employer Work Experience Statement

This form will be accepted through June 30, 2021.

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: _____

Name of Dental Practice/Organization _____

Address _____

City _____ State _____ Zip _____

Supervisor Name _____

Supervisor Title _____

Supervisor Direct Office Phone or Work Cell _____

Supervisor Email (for verification, if needed) _____

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience as a dental practice manager. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From ___ / ___ to ___ / ___

Dates of previous employment (if applicable): From ___ / ___ to ___ / ___

Signature of Supervisor _____

Date: ___ / ___ / ___