



**DISIPC Pretest Exam—Pathway I**  
**Experience Option 2: Employees who work for**  
**dental distributors, manufacturers, and service providers\***  
**2021 Employer Work Experience Statement**

This form will be accepted through June 30, 2021.

*\*Sales representatives, customer service personnel, service technicians, and other professionals who work for the companies that manufacture or distribute products, equipment, or services to the dental profession who are **not** practicing healthcare professionals (e.g., D.D.S.; D.M.D.; RDH; certified, registered and/or licensed dental assistant; or licensed, registered or certified healthcare professional)*

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 Business \_\_\_\_\_

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 at least 1,040 hours of work experience as a sales representative, customer service personnel, service technician, or other professional for a company that manufactures or distributes products, equipment, or services. 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: \_\_\_ / \_\_\_ / \_\_\_