



**VERIFICATION OF PRE-DENTAL HYGIENE INTERNSHIP FORM**

**Colorado Northwestern Community College  
HPR 180 Pre-Dental Hygiene Internship**



**Send to:**

Department of Dental Hygiene: Kathy LaNoue  
500 Kennedy Drive, Rangely, CO 81648.  
1-970-675-3245 or 1-800-562-1105 ext 245  
FAX 1-970-675-3355

This is NOT a requirement for application to the CNCC Dental Hygiene Program, but is used in the evaluation process. Points will not be awarded without signatures of both the Instructor of HPR 180 Pre-Dental Hygiene Internship and the Student on the bottom of this form. The Verification Pre-Dental Hygiene Internship Form must be received at the Dental Hygiene Office by the February 1st application deadline to be considered. A faxed copy is acceptable, *with signatures*, if received by the February 1<sup>st</sup> deadline. (If this date falls on a weekend – materials will be accepted till 2:00 am the Monday following the deadline.) Thank you for your timely assistance.

(Please print or type)

Student's Name \_\_\_\_\_

Student interned from \_\_\_\_\_ through \_\_\_\_\_  
(Day, Month, Year) (Day, Month, Year)

Name of Dentist \_\_\_\_\_  
(Print or type)

Address of Office \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
**(Signature of Supervising Dentist/Hygienist) Date**

I certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
**(Signature of Pre-Dental Hygiene Director) Date**

I certify that this verification form is an accurate reflection of my experience in this dental office.

\_\_\_\_\_  
**(Signature of Student) Date**