

CHESAPEAKE COLLEGE
GENERAL CHAIRSIDE EXPANDED FUNCTIONS COURSE
VERIFICATION FORM

I verify that I meet the following course requirements:

1. Successfully completed a Dental Assisting Program (Attach certificate)
 2. Letter of Recommendation from dental practice confirming working knowledge of basic oral anatomy, dental terminology and basic infection control
- OR
1. Oral Radiography license currently held (Attach copy of license)

****ANY STUDENT WHO IS UNABLE TO SIGN TO VERIFY THE ABOVE REQUIREMENTS WILL NOT BE ADMITTED INTO THIS COURSE.***

PRINT FULL NAME

Date

***Student's Signature**

Email (Please print clearly)

Phone Number

The following forms must be received before an approval to register will be issued.

- **Send to:** cehealthcare@chesapeake.edu, FAX 410-827-5817, Chesapeake College, P.O. BOX 8, WYE MILLS, MD, 21679

For questions about your acceptance into this course, please contact:
cehealthcare@chesapeake.edu
