

**DCCF *Dental Careers of Central Florida***  
Application For Testing/ Employment Verification Form

This application is for students not attending the 12 week program, and whom only wish to attend testing.

This form verifies employment and training under \*direct supervision of a licensed Florida dentist for a minimum of three months for EFDA and six months for radiology for the named applicant. After this information is reviewed and verified, the applicant will be eligible to test for EFDA and Dental Radiology.

A minimum score of 75% is needed in each area to receive the certifications.

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Testing Date : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SS Number: \_\_\_\_\_

**DENTIST INFORMATION:**

Dentist Name: \_\_\_\_\_ DDS/ DMD

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Total Time Employed: \_\_\_\_\_

I have read all information , and by signing verify this information to be correct.

Dentist Signature: \_\_\_\_\_ Florida License Number: \_\_\_\_\_

\*Direct Supervision generally means to be present, or within an immediate distance, such as on the same floor, and available to respond to the needs of something or someone. The person overseeing the work of the other person has control over and professional knowledge of the work being done.

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This application must be submitted a minimum of two weeks prior to testing dates, with payment to reserve your seat. There are limited seats available for each testing session. Upon receipt, and once verified you will be contacted with confirmation for testing.

**PAYMENT INFORMATION:**

EFDA/ Radiology Testing Fee \$500--- Payment Method: \_\_\_\_\_ Check Enclosed \_\_\_\_\_ \*VISA/ MC \_\_\_\_\_ Other  
Credit Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_ 3 digit code: \_\_\_\_\_

\* Please enclose a copy of your drivers license and Credit Card if paying by Credit Card.

Mail to : Dental Careers of Central Florida  
4942 West State Road 46, Suite 1038  
Sanford, FL 32771

Office Phone: 407-320-1700  
Fax: 407-320-1707

DCCF Office Use Only: Information Verified By : \_\_\_\_\_ Date: \_\_\_\_\_