



State Technical College of
Missouri
Dental Assisting Technology
Linn, MO 65051
Phone 573-897-5000 FAX 573-897-5026
www.statetechmo.edu

Applicant Observation Waiver Form

Student Name _____

Address _____

City _____ State _____ Zip _____

Name of Dentist Office or Dental Practice _____

Dental Asst. Name _____

Email _____

Work Address _____

City _____ State _____ Zip _____

Phone Number: Work _____ Fax: _____

Dates of Employment _____

Dentist Signature _____

Students considering a career in dental assisting, make more informed career decisions if their choices are based on personal experiences or observations. Please write a brief summary of tasks you perform in the dental setting, attach your summary to this form and return to STC admissions.

For credit towards admission, students must document their employment experience by taking this form with them for signature by the employing dentist.

Student's Signature _____