AMT
American Medical Technologists
Certifying Excellence in Allied Health

Directions for Employment Verification

REGISTERED DENTAL ASSISTANT (RDA)
DENTAL ASSISTING RADIOGRAPHY (DAR)

Applicant: Provide the EMPLOYMENT VERIFICATION Form for your certification to your employer(s) for completion. The form must be completed by the applicant's manager, supervisor, or authorized human resources representative. Note that any submitted documentation will be reviewed and processed only if your application for AMT certification is active.

For direct submission by the applicant

If the applicant is submitting the completed EMPLOYMENT VERIFICATION directly to AMT, the form must either:

☐ **Be accompanied by a Letter of Authenticity from the employer**

The letter must be printed on the employer's company letterhead stating that the EMPLOYMENT VERIFICATION form was completed, signed, and dated by the applicant's manager, supervisor, or an authorized human resources representative.

If an applicant is submitting EMPLOYMENT VERIFICATION forms for multiple employers, each form must include either a letter of authenticity or a stamp/seal from that specific employer who verified the employment.

Or

☐ **Bear the employer's company seal or stamp**

The EMPLOYMENT VERIFICATION must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

EMPLOYMENT VERIFICATION submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the employer

If the employer is submitting the completed EMPLOYMENT VERIFICATION directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

☐ The completed EMPLOYMENT VERIFICATION must be submitted directly from the employers' professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.

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REGISTERED DENTAL ASSISTANT (RDA) EMPLOYMENT VERIFICATION

SECTION I: This section to be completed by applicant

Applicant's First Name | Last Name | AMT ID #

E-mail | Date of Birth

SECTION II: This section to be completed by employer: (Current or previous supervisor, or designated human resources representative only)

The above-named individual has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former employer. Please assist us by verifying this employment to determine applicant's eligibility for certification

Name of Employer | Phone Number

Mailing Address | Business E-mail

City | State/Province/Country | Zip

Date of Employment: From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Was the Employment: □ Full Time* □ Part Time If part time, estimate hours worked per week: _____

**Full time is defined as working an average of 40 hours/week. Full time may include a combination of part-time settings.*

Title while employed: _____

Did the applicant instruct an accredited dental assisting program? □ Yes □ No

OR

Did the applicant perform the duties listed or demonstrate a knowledge of the tasks of a dental assistant? □ Yes □ No

Did the applicant perform dental radiography as an aspect of their work role? □ Yes □ No

Duties - A dental assistant would normally perform tasks or display associated professional skills like those listed below:

Example tasks include - Prepare patient. Sterilize or disinfect instruments. Set up instrument trays. Prepare materials or assist dentist during dental procedures. Record treatment information in patient records. Order and monitor dental supplies and equipment inventory. Instruct patients in oral hygiene and plaque control programs. Take and record medical/dental histories and vital signs of patients. Produce acceptable diagnostic radiographic images. Assist dentist in management of medical or dental emergencies.

NOTE: Job descriptions are NOT acceptable.

Comments: _____

I am a current/previous supervisor or designated Human Resources representative. I attest that the information above is accurate and is a fair representation of the duties performed by the applicant.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your current or previous employer. The Letter of Authenticity must be printed on the employer's company letterhead stating that the employment verification form was completed, signed, and dated by a manager, supervisor, or human resources. Employment verification documents sent directly from an employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file. 4/23