**VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE FORM**

**APPLICATION PACKET**

**Instructions**

To be completed by employers at Dental Offices, and those responsible for supervision of volunteers or externs.

- Part 1 must be completed by the applicant.

### 1. APPLICANT INFORMATION

*(to be completed by APPLICANT to College of Dentistry)*

<table>
<thead>
<tr>
<th>Demographical Information</th>
<th>Name [Last, First]</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

- The name listed above is being considered for program entry into the Dental program at UTHSC. We would appreciate you providing the following information.
- Part 2 must be completed by Supervisor(s) of the area(s) served.

### 2. VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE

*(to be completed by Supervisor)*

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

- Dates of Service  
  - From Date
  - To Date

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>Volunteer</th>
<th>Salaried</th>
</tr>
</thead>
</table>

- Please place a check mark in the appropriate box.

- Please enter additional comments you think might be helpful to the Admissions Committee

***INCLUDE ATTACHMENTS AS NEEDED***

**COMMENTS ON APPLICANT’S PERFORMANCE**

<table>
<thead>
<tr>
<th>Supervisor Signature</th>
<th>Print Name</th>
<th>Signature</th>
</tr>
</thead>
</table>

**Mail Verification of Volunteer and/or Paid Service Form and Application Packet to:**

The University of Tennessee Health Science Center
Office of Enrollment Services
910 Madison Avenue, Suite 520
Memphis, TN 38163
(901) 448-5560