

**STUDENT: A copy of this completed form should be submitted to the Health Science Enrollment Center in Union Station, suite 297 on the Downtown Wilmington campus. You may drop it off, or email it to [healthsciences@cfcc.edu](mailto:healthsciences@cfcc.edu) for credit.**

## Cape Fear Community College

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### Confidentiality Statement

As a student applying to the Dental Assisting program at Cape Fear Community College, I agree to hold all client records, treatment, and conversations as confidential. If client confidentiality is breached in any manner, I understand that I will not be considered for admission in the Dental Assisting program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student-Applicant

### CONFIRMATION OF OBSERVATION

As verification that the observation has been performed and for recommendation for admission to Cape Fear Community College's Dental Assisting program, the dental assistant under whom the student observed must complete this form. Cape Fear Community College expresses its sincerest gratitude to the dentist, dental assistant, and their staff for their support in allowing prospective students to observe in the dental office, and for taking the time to complete this form.

\_\_\_\_\_  
Print name of student

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Print name of Dental Assistant

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dental Assistant

\_\_\_\_\_  
Date

Please return this form to the address listed below as soon as the observation has been completed. Questions may be directed to staff at the Health Science Enrollment Center at 910-362-7139 or the Director of Dental Assisting, Linda Mayton, 910-362-7339. Thank you again for your time and support.