



**CDIPC Exam—Pathway I  
Experience Option 2: Supervisor\*  
2022 Employer Work Experience Statement**

This form will be accepted through December 31, 2022.

*\*Supervising individuals who implement these guidelines and standards in a dental setting (e.g., dentist, dental office manager)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: \_\_\_\_\_

Name of Dental Practice/Organization \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor/Practice Owner Name\* \_\_\_\_\_

Supervisor/Practice Owner Title\* \_\_\_\_\_

Supervisor/Practice Owner Direct Office Phone or Work Cell\* \_\_\_\_\_

Supervisor/Practice Owner Email (for verification, if needed)\* \_\_\_\_\_

*\*If the exam candidate is the practice/organization owner and has no supervisor, write "N/A: Self Employed."*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience supervising individuals who implement U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
*If still currently employed, please write "present" next to "to" field, or enter today's month/year*  
Month Year Month Year

Dates of previous employment (if applicable): From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If you have no supervisor, please sign the attestation statement below.**

*I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.*

Signature of Exam Candidate \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_