

Practitioner Five Year Work History*

Complete this form in its entirety.

Provider Name

Virginia Dental License Number

Practice/Employer Name

Employer Address

Date of employment, from ____/____/____ to ____/____/____

Practice/Employer Name

Employer Address

Date of employment, from ____/____/____ to ____/____/____

Practice/Employer Name

Employer Address

Date of employment, from ____/____/____ to ____/____/____

Practice/Employer Name

Employer Address

Date of employment, from ____/____/____ to ____/____/____

Practice/Employer Name

Employer Address

Date of employment, from ____/____/____ to ____/____/____

**Curriculum vitae, résumé, or other documents stating work history are welcomed in lieu of this sheet. If you are a recent graduate, simply state as such, as we are required to have a five year history for all providers.*