

DENTAL HYGIENE OBSERVATION

Twelve documented observation hours are required (4 hours each with 3 separate dental hygienists, different offices are recommended). You cannot observe a dentist in lieu of a hygienist. Please note that offices may be contacted for verification of hours.

Applicant's Name (print): _____

Dental Office Name: _____ Observation Date: _____

Dental Hygienist Observed (print): _____

License Number of Dental Hygienist Observed: _____

Signature of Dental Hygienist Observed: _____ Date: _____

Affix Dental Office Business Card Below:

Applicant's Notes on Observation (what procedures did you observe, what did you learn about the profession of dental hygiene from this observation, etc.). Please limit your response to 500 words or less. You may attach a separate sheet if necessary to complete your response.
