



Dental Office Observation Form

To the applicant: This form is required to complete your application. You may submit this form separate from your application without it affecting original date of submittal, however, the **Dental Hygiene Program must receive this form prior to the application deadline of February 12, 2015.**

Applicant Name: _____
(Please Print) *Signature* *Date*

To the Dental Professional:

The Southwestern College Dental Hygiene Program asks that our prospective dental hygiene students observe the following dental related procedures in order that they may gain an understanding of dental and dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist/hygienist regardless of employment experience of the prospective applicant.

Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 8 hours.

1. Observation of a dental hygienist performing initial therapy with anesthesia on a root planing case.

Printed Name:	Signature
Dental Hygienist: _____	Date: _____
Dentist: _____	Date: _____
Total hours: _____	Tel#: ()

2. Observation of restorative amalgam /composite procedures performed by a dentist and dental assistant.

Printed Name:	Signature
Dental Hygienist: _____	Date: _____
Dentist: _____	Date: _____
Total hours: _____	Tel#: ()

3. Observation of an entire recall prophylaxis appointment.

Printed Name:	Signature
Dental Hygienist: _____	Date: _____
Dentist: _____	Date: _____
Total hours: _____	Tel#: ()

4. Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments.

Printed Name:	Signature
Dental Hygienist: _____	Date: _____
Dentist: _____	Date: _____
Total hours: _____	Tel#: ()

5. Observation of front desk operations: reception, appointment control, patient release.

Printed Name:	Signature
Office Manager: _____	Date: _____
Dentist: _____	Date: _____
Total hours: _____	Tel#: ()