



TEMPLE COLLEGE Dental Hygiene Program Observation Form

It is important for our applicants to have a full understanding of the role of the dental hygienist in the dental practice setting. Therefore, it is required that you observe and submit verification of **sixteen (16) TOTAL hours** of observation time in **two** different dental facilities that employ a dental hygienist. **Please print a second copy of this form for the second observation.**

Follow these steps:

1. Call the dental office that you selected and identify yourself as a dental hygiene student applicant. Explain that our program requires observation hours in a dental setting to complete the application process. Let the front office know the specific procedures that you must observe so that they can advise you of the best time to be there.
2. Arrive on time for the observation and dress appropriately (long-sleeved apparel or lab jacket, modest neckline, no jeans)
3. Observe the procedures listed below and the dental hygienist's responsibilities related to patient treatment. In addition, you should spend a portion of your time observing the interaction of the entire dental team, including dentist, dental assistant, and front office staff.
4. Obtain signatures and requested information from the dentist and the dental hygienist confirming your observations.
5. If you have submitted a completed observation form with a previous Temple College Program application in the last 5 years, you do not have to resubmit.

Prospective Applicant Name: _____

Observation Office: _____

Address: _____

Phone: _____

Hygiene Procedures To Be Observed:

- | | | | |
|---------------------------------------|--------------------------|-----------------------|--------------------------|
| • Routine Dental Cleaning (Code 1110) | <input type="checkbox"/> | • Periodontal Probing | <input type="checkbox"/> |
| • Periodontal Scaling (Code 4341) | <input type="checkbox"/> | • Patient Education | <input type="checkbox"/> |
| • Radiographs (x-rays) | <input type="checkbox"/> | • Documentation | <input type="checkbox"/> |
| • Health/Dental History Assessment | <input type="checkbox"/> | | |

I verify that the prospective applicant has observed the above procedures while in my office.

Signature of Hygienist	License Number	Date	Clock Hours Observed
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Dental Restorative or Surgical Procedures Observed: (at least 2 required)

(1) _____

(2) _____

**In shadowing a restorative procedure, the goal is to observe the process as well as the interaction between the doctor and the dental assistant.

I verify that the dental hygiene applicant named above has observed the above procedures while in my office.

Signature of Dentist	License Number	Date	Clock Hours Observed
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