

Dental Hygiene Observations

Dental Health Care Practitioners: We ask that prospective dental hygiene applicants observe the following dental hygiene related procedures to promote understanding of dental and dental hygiene practices. Through observation, applicants will be more knowledgeable of dental hygiene as a career choice. We appreciate your assistance with this process. A minimum of **20 hours** is required.

Applicant Name: _____

Procedure Observed	Date: may be multiple observations	Number of Hours	Hygienist Signature, Office phone
Recall Prophylaxis	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____, _____ 2. _____, _____ 3. _____, _____
Periodontal Scale Class III or IV	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____, _____ 2. _____, _____ 3. _____, _____
Anesthesia	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____, _____ 2. _____, _____ 3. _____, _____
Restorative Amalgam or Composite	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____, _____ 2. _____, _____ 3. _____, _____
Inf. Control: Op. Prep & breakdown, Instr. processing	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____, _____ 2. _____, _____ 3. _____, _____ 4. _____, _____
Optional: (Not counted for hours) Radiographs Perio Chart	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____, _____ 2. _____, _____ 3. _____, _____ 4. _____, _____
Total Hours _____			

Verification Signature of Dental Hygienist or Dentist: _____ Date: _____

Applicant Signature: _____ Date: _____