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 Dental Hygiene** 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 (no more than 2 hours) 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.

Prospective Applicant Name: _____

Observation Office:_____

Address:_____

Phone:_____

Hygienist's Name: _____**(please print)**

Hygiene Procedures to Be Observed (please check all that were observed):

- **Routine Dental Cleaning (Code 1110)** ☐
- **Periodontal Scaling (Code 4341)** ☐
- **Radiographs (x-rays)** ☐
- **Health/Dental History Assessment** ☐
- **Periodontal Probing** ☐
- **Patient Education** ☐
- **Documentation** ☐

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

_____ _____ _____ _____

Signature of Hygienist **License Number** **Date** **Clock Hours Observed**

_____ _____ _____

Signature of Dentist **License Number** **Date**

TEMPLE COLLEGE
Dental Hygiene Program
Employer Verification Form

Prospective Applicant Name: _____

Observation Office/DDS:_____

Address:_____

Phone:_____

Hygienist's Name: _____(please print)

If prospective applicant has been employed in a dental setting within the last 3 years, the applicant must have employer confirm that the applicant has observed a **minimum of 16 hours** of the following **Dental Hygiene procedures**:

Hygiene Procedures to Be Observed (please check all that were observed):

- **Routine Dental Cleaning (Code 1110)** ☐
- **Periodontal Scaling (Code 4341)** ☐
- **Radiographs (x-rays)** ☐
- **Health/Dental History Assessment** ☐
- **Periodontal Probing** ☐
- **Patient Education** ☐
- **Documentation** ☐

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

_____ _____ _____ _____

Signature of Hygienist **License Number** **Date** **Clock Hours Observed**

Applicant's Duties in Office While Employed:

_____

_____

_____

Dates of Employment: _____

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

_____ _____ _____

Signature of Dentist **License Number** **Date**