

Name of Applicant: _____



DENTAL HYGIENE PROGRAM OBSERVATION FORM

(Please Submit a Signed Original)

Please observe a United States of America Registered Dental Hygienist in a dental office working on patients for 8 hours. The observation may be done in two four (4) hour increments (one or two offices). The applicant should observe all process of dental hygiene care, anesthesia, scaling and root planing. The applicant should discuss with the RDH the career of a dental hygienist and any advice he/she may have for the perspective dental hygiene student.

If you have any questions please contact Doreen Villasenor (dvillasenor@cypresscollege.edu) or Kendra Contreras (kcontreras@cypresscollege.edu).

PLEASE NOTE: If you have worked or currently work in a dental office, observation hours **must be outside of your work schedule.*

The above named applicant observed/discussed in our office the following dental hygiene procedures performed by a Registered Dental Hygienist.

Observed and Discussed	Office Name	Date	Office Name	Date
Anesthesia				
Scaling and Root Planing				
Questions/discussion regarding the profession of dental hygiene				

Form filled out by an RDH and a DDS

Office 1

Name of Dental Office: _____

Number of hours observed: _____

Dental Hygienist: Print Name: _____ Signature: _____ Date: _____

License #: _____

Dentist: Print Name: _____ Signature: _____ Date: _____

License #: _____

Attach DDS Business Card Here

Office 2

Name of Dental Office: _____

Number of hours observed: _____

Dental Hygienist: Print Name: _____ Signature: _____ Date: _____

License #: _____

Dentist: Print Name: _____ Signature: _____ Date: _____

License #: _____

Attach DDS Business Card Here