

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: _____