Dental Hygiene Observation/Work Experience Form

The person who supervises the observation/experience must sign the statement of observation/work experience form. When completing this statement, indicate the types of dental-related experience. Question # 4 should be itemized as to hours, days, weeks, etc. PLEASE ESTIMATE THE TOTAL NUMBER OF HOURS OF OBSERVATION/WORK EXPERIENCE. This document will be given consideration as a factor in the applicant's admission to the program. Minimum of 4 hours observation.

1. Applicant Name: _____ Peoplesoft or SS#:_____

2. Salaried Employee: _____ Unsalaried Employee: _____

3. Please check all applicable types of experience that pertain to the applicant.

_____ Observed Dental Procedure _____ Performed Reception-Secretary Duties

_____ Assisted Chairside _____ Provided Patient Education

_____ Performed Other Duties—specify _____

4. Please specify the amount of time devoted to dental hygiene-related work and/or observation by completing the following:

Dates of observation or employment:

From: _____ 20____ To: _____ 20____

Hours Per Day _____ Months Per Year _____

Days Per Week _____ Years _____

Weeks Per Month _____ Total Number Of Hours _____

5. Are you a graduate of an accredited dental assisting program? Yes No

6. If you answered yes to #5, have you successfully passed the DANB? Yes No
If so, please provide documentation of the DANB certificate.

_____ _____

Signature of Supervising Dental Hygienist Date

_____ _____

Signature of Supervising Dentist Date

Bluegrass Community and Technical College, Office of Admissions - 200 Oswald Building, 470 Cooper Drive, Lexington, KY 40506-0235