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