

DA/DH Dental Office Experience Form

Applicants to the dental assisting and dental hygiene program must complete a minimum of four hours observation with either a dental assistant, if applying to the dental assisting program, or a dental hygienist, if applying to the dental hygiene program.

Please select a dental office that is convenient to you that employs a dental assistant or dental hygienist, depending upon the program you are applying. Call to request an observation time. Answer the question from the observation experience and have the appropriate person (either dental assistant or dental hygienist) complete the form accordingly.

Please Print:

Applicant's Name: _____

Is the applicant an employee or non-employee: _____ If employee, how long: _____

Type of observation experiences that pertain to the applicant. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Observed dental procedures | <input type="checkbox"/> Observed dental hygiene procedures |
| <input type="checkbox"/> Chairside assisting | <input type="checkbox"/> Patient education |
| <input type="checkbox"/> Reception/Secretary | <input type="checkbox"/> Laboratory procedures |
| <input type="checkbox"/> Expanded duty assisting | <input type="checkbox"/> Radiographic procedures |

Other: _____

Number of hours devoted to dental assisting/dental hygiene related work and/or observation:

Hours/Days: _____ Dates observed _____ to _____.

Dental assistant/dental hygienist signature:

Office Name, Dentist, Address and Phone: _____

Comments: _____

The remainder of the form is to be completed by the applicant:

Please answer the following question about your observation experience on the back of this form:

1. What did you learn about the job of a dental assistant/ dental hygienist that you didn't already know?