



## Dental Office Observation Verification Form

Applicants with 40 hours or more of direct observations of a licensed dental hygienist in a dental office within the previous 12 months of applying may present proof of observation to be reviewed, verified and considered for points toward Dental Hygiene Program admission.

Please complete one form for the dental office where the observation was conducted. Applicants must ensure all content and signatures are present. \*

Office Name, Location & Contact Information	Name of Hygienist(s) being observed	Certified Registered Dental Hygienist License Number
<b>Date of Observation:</b> <b>Date of Observation:</b> <b>Date of Observation:</b> <b>Date of Observation:</b>	<b>Hours Completed:</b> <b>Hours Completed:</b> <b>Hours Completed:</b> <b>Hours Completed:</b>	
Identify Primary Duties Performed: <hr/> <hr/> <hr/> <hr/>		
I certify that this Dental Hygiene Program applicant observed the dental hygienist employed in the dental practice for the number of days and hours indicated above. I also certify that this applicant promoted strong professional behavior and demonstrated genuine interest in the profession of dental hygiene.		
_____ Printed Name of Dentist / Hygienist	_____ Signature of Dentist / Hygienist	_____ Date

I hereby confirm that the above information is true and accurate, and I understand it will be subject to verification by the SCF Dental Hygiene Department.

\_\_\_\_\_  
 Printed Name of Applicant      Signature of Applicant      Date

***\*The observation verification form will only be accepted during the program's open application cycle. Numerous forms may be submitted for multiple weeks of observation.***

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