



**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 24 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. The Dental Hygiene applicant must complete all aspects of the form, ensure all identified information and signatures are present for form completion.

Dental Hygiene Program Applicant Name: \_\_\_\_\_

Office Name, Complete Address, Phone Number & Email	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:		
_____		
_____		
_____		
_____		
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.

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Printed Name of Applicant	Signature of Applicant	Date
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***\*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.***