

Verification of Observation For Dental Hygiene Application

Note: CANNOT BE USED AT THE APPLICANTS PLACE OF EMPLOYMENT

Name of Applicant:

Date of Observation:

Applicant/Banner ID:

Total Hours of Observation:

Specialty of Office Setting: (Choose Below)

General Dentistry	Pediatric (Pedodontist)	Periodontics (Perio Practice)
Highlight: <i>Preventive Care for Overall Oral Health</i> <ul style="list-style-type: none"> Hygienists primarily provide prophylaxis, fluoride, and patient education to prevent disease and maintain lifelong oral health and overall health. Sees all patients of all for preventive maintenance. 	Highlight: <i>Caries Prevention and Behavior Management for children and adolescents and special needs patients.</i> <ul style="list-style-type: none"> Focus is on prevention and maintenance of dental disease in infants, children and adolescents, and patients with special health care needs. 	Highlight: <i>Nonsurgical Periodontal Therapy & Maintenance for pre-surgical needs and maintenance of patients with moderate to advanced stages of periodontal disease.</i> <ul style="list-style-type: none"> Hygienists specialize in scaling and root planing, plus ongoing periodontal maintenance for patients with periodontal disease.

Instructions for RDH being observed:

The purpose of this observation is to enlighten an applicant into the field of dental hygiene. The applicant can only observe a dental hygienist in their daily routine in the three practiced settings listed above.

Thank you for allowing this applicant to observe you in your place of employment. This observation is critical to the application process. More importantly, it is a valued lesson in the "life of a dental hygienist." At the completion of the observation for this applicant, please complete the following information. This form can be printed and hand-written, or you can choose to complete the fillable form and return to the applicant electronically, you can do so. If so, please save the form with the changes noted on the form, or the form will be sent blank of information. This form is part of the observer's application process to the Palo Alto College Dental Hygiene Process.

Name of Registered Dental Hygienist:

State of Texas License Number:

Name of the Dental Practice:

Address of the Dental Practice:

Office Phone Number:

City, State, and Zip:

RDH completion only:

Please provide information related to the observation process. Please share your interpretation of the time spent with the applicant. Provide any information or comments are pertinent to this observation time spent with the applicant.

Registered Dental Hygienist's Signature:

Printed/Typed Name:

Date:

Instructions for Applicant:

At the completion of the observation hours, the applicant will scan and submit the completed observation forms into one document. This saved document will be submitted with the final application submission with the ADEA/DHCAS application process. Please provide the below information.

Applicant Signature:

Printed/Typed Name of Applicant: