

**Department of Dental Education
Dental Hygiene Program Clinical Observation Form**

The IUFW Department of Dental Education is pleased to have received your application. This completed form must be returned to the Department of Dental Education suite located in Neff Hall 150 by **February 1**. You must submit this completed form as partial fulfillment to the Dental Hygiene Program.

Applications will not be processed until this form has been received by the IUFW Dental Hygiene Program.

Instructions:

1. Contact two GENERAL dentist offices to arrange a day and time for you to shadow (observe in a clinical setting) a Dental Hygienist. Your observation must be scheduled for two hours to four hours for each visit.
2. We ask that you arrive at each office wearing clean, professional clothing. (No jeans, ripped, or revealing clothing, etc.) Casual Docker-style pants and casual-dress shoes are acceptable.
3. This is for observation of a Dental Hygienist only. You should not have any contact with the patients and must respect their right to privacy and confidentiality.
4. Print or type the form after each observation.
5. Please send a thank you note to the dental offices in which you observed.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

Signature of Dental Hygienist that you observed: _____

Dental Office Name and Address:

Signature of General Dentist you observed (if shadowing as a dental assistant):

Date you shadowed: _____ Time you shadowed _____ to _____

Place X next to application type that applies to you:

Applicants without Dental Assisting or Dental Office Work Experience: _____
(One – four hour or two – two-hour dental hygiene observations are required. Additional hours are not necessary when completing this form.)

Applicants with Dental Assisting or Dental Office Work Experience: _____

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