**Dental Hygiene Observation Form**

The applicant must complete four hours of work-related observation with a licensed dental hygienist, observation of a dentist in lieu of a hygienist will not be accepted. Applicants will submit one form for each observation.

**Observations must be recent and completed between February 1, 2024 and January 31, 2025.**

Applicant’s First Name: M.I. Last Name:

Name of Dental Office:

Date of Observation:

Name of Dental Hygienist Observed:

Dental Hygienist Observed:

Print Name:

Signature: Date:

**Applicant’s Note on Observation: (What procedures did you observe? What did you learn about the profession of dental hygiene from this observation? Etc.)**

Student’s Signature: Date: