

DENTAL OFFICE OBSERVATION

To the Dental Professional:

The Truckee Meadows Community College Dental Hygiene Program asks that our prospective dental hygiene students observe the following dental related procedures in order that they may gain an understanding of dental and dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist and dental professional observed. Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 8 hours. Hours of observation do not have to be completed on the same day or at the same office.

Provide full name of applicant		
Name of Applicant		
1. Observation of a dental hygienist performing initial therapy with anesthesia on a root planning case		
Dental Hygienist's Signature		Date
Dentist's Signature	Telephone	Date
Printed Name		Hours of Observation
2. Observation of restorative amalgam /composite procedures performed by a dentist and dental assistant		
Dentist's Signature		Date
Printed Name		Hours of Observation
3. Observation of an entire recall prophylaxis appointment		
Dental Hygienist's Signature		Date
Dentist's Signature	Telephone	Date
Printed Name		Hours of Observation
4. Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments		
Dental Hygienist's Signature		Date
Dentist's Signature	Telephone	Date
Printed Name		Hours of Observation
5. Observation of front desk operations: reception, appointment control, patient release		
Office Manager's Signature		Date
Dentist's Signature	Telephone	Date
Printed Name		Hours of Observation