

REQUIRED: DENTAL HYGIENE OBSERVATION FORM

DUE: APRIL 11, 2008

Dear Dental Health Care Practitioners:

The Pierce College Dental Hygiene Program asks that our prospective dental hygiene students observe each of the following dental related procedures so that they may gain an understanding of dental and dental hygiene practices. We appreciate your time and effort in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path.

Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 16 hours within the last two years prior to April 11, 2008, deadline. Each procedure listed below needs to be observed with a current Registered Dental Hygienist performing the procedure, and must have occurred as of April 11, 2006 or later. **Note to Applicants:** You need to schedule an appointment, thank the dental health care practitioners for the opportunity to observe them, and make sure you show up on time for your appointment. Wear appropriate attire and be aware of patient privacy.

As of November 8, 2007, you are no longer required to observe a public health dental hygienist for the Fall 2008 application. The minimum hours on item 1 below have been increased from 2 to 4.

Applicant Name: _____ Student Identification Number: _____

1. Observation of a Registered Dental Hygienist **performing initial therapy with anesthesia** on an AAP Class III or greater.

Dental Hygienist Name: _____ Signature: _____
License No. _____ Expiration Date: _____
Dental Practice Location: _____ Date: _____
Tel #: (_____) _____ Hours: _____ (minimum 4 hours)

2. Observation **of restorative amalgam or composite procedures performed by a restorative dental hygienist.**
Exceptions allowed in states where this function not performed by hygienists.

Dental Hygienist Name: _____ Signature: _____
License No. _____ Expiration Date: _____
Dental Practice Location: _____ Date: _____
Tel #: (_____) _____ Hours: _____ (minimum 1 hour)

3. Observation of an **entire recall prophylaxis appointment.**

Dental Hygienist Name: _____ Signature: _____
License No. _____ Expiration Date: _____
Dental Practice Location: _____ Date: _____
Tel #: (_____) _____ Hours: _____ (minimum 1 hour)

4. Observation **of infection control procedures in a dental office to include:** operatory set-up and breakdown, cleaning and sterilizing instruments.

Dental Hygienist Name: _____ Signature: _____
License No. _____ Expiration Date: _____
Dental Practice Location: _____ Date: _____
Tel #: (_____) _____ Hours: _____ (minimum 2 hours)

MAIL TO: Pierce College Fort Steilacoom
Admissions Office/Dental Hygiene
9401 Farwest Drive SW, Lakewood, WA 98498-1999

TOTAL HOURS: _____
(16.0 Minimum)

