

## Observation Hours Form: Pierce College Dental Hygiene, due 1/22/10

Name:	Pierce SID#:
Address:	
City/State:	Home Phone #:
Zip Code:	Cell Phone #:
Email address <b>(required)</b> :	
Birthdate (mm/dd/yyyy):	

### Directions:

- \* You must observe a **Licensed Dental Hygienist (RDH)** performing these duties who holds an *Active License*. Observation of a dentist will not be accepted.
- \* The minimum hours for **each activity performed are indicated below**, but the total observation hours must also be a **minimum of 16 hours TOTAL** and observations must have occurred within the past five years, after January 2005.
- \* The license number is online and public record; thus, there is no reason for the hygienist to not provide it.
- \* You may observe the same dental hygienist doing all the activities.

	INITIAL SCALING & ROOT PLANING, LOCAL ANESTHESIA	AMALGAM PROCEDURE	COMPOSITE PROCEDURE	ADULT PROPHYLAXIS APPOINTMENT	INFECTION CONTROL PROCEDURES
	Minimum 4 hours	Minimum 2 hours	Minimum 2 hours	Minimum 2 hours	Minimum 2 hours
RDH Name					
RDH License Number					
RDH License Expiration Date					
Dental Practice Location, City/State					
Dental Practice Phone #					
Hours					
Date(s)					
RDH Signature					
<b>SUB- TOTAL HOURS</b>					

*Minimum Combined Total Hours Observed 16. Thus, you will need to observe longer in one of more categories.*

**Combined Total Observation Hours: \_\_\_\_\_ (MUST be a total of 16 hours.)**