

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 (required) :	
Birthdate (mm/dd/yyyy):	

Directions:

- * You must observe a licensed, **Registered Dental Hygienist (RDH)** performing these duties who holds an Active License. Observation of a dentist will not be accepted except as noted below under Amalgam and Composite.
- * 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 Minimum 4 hours	AMALGAM PROCEDURE <i>Observe a RDH or Dentist</i> Minimum 2 hours	COMPOSITE PROCEDURE <i>Observe a RDH or Dentist</i> Minimum 2 hours	ADULT PROPHYLAXIS APPOINTMENT Minimum 2 hours	INFECTION CONTROL PROCEDURES 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					
SUB- TOTAL HOURS					

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.)