**PIERCE COLLEGE BASDH OBSERVATION HOURS APPLICATION FORM 2020 – Repeat and New Applicants**

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|       |       |       |       |       |       |
| LAST  | FIRST | MIDDLE | SID | CAS ID | BIRTHDATE |

**Directions**

* You must observe a Licensed/Registered Dental Hygienist for the Initial Scaling & Root Planing, Local Anesthesia, Adult Prophylaxis, and Infection Control Procedures.
* You may observe either a Licensed/Registered Dental Hygienist **OR** a Licensed/Registered Dentist for Local Anesthetic, Nitrous Oxide Sedation, Amalgam and Composite procedures.
* Please be sure that you **observe the Minimum Total Hours or Number of Patients PER observed procedure.** More observation hours are encouraged.
* **Please use multiple copies of this form if you are going to multiple offices.**

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| **OBSERVED PROCEDUREREQUIRED MINIMUM TOTAL HOURS** | **RDH/DDS NAME** | **RDH/DDS LICENSE #** | **CITY/STATE** | **DATE** | **# of HOURS OBSERVED** | **RDH/DDS SIGNATURE** |
| Infection Control/Sterilization **TWO (2) HOURS** |        |       |       |            |            |   |
| Initial Scaling/Debride & Root Planing**SIX (6) HOURS** |       |       |       |            |            |   |
| Adult Prophylaxis**FOUR (4) HOURS** |       |       |       |            |            |   |
| Amalgam**TWO (2) HOURS** |       |       |       |            |            |   |
| Composite**TWO (2) HOURS** |       |       |       |            |            |   |
| **TOTAL HOURS** |       |   |
| **OBSERVED PROCEDUREREQUIRED MINIMUM TOTAL DIFFERENT PATIENTS** | **RDH/DDS NAME** | **RDH/DDS LICENSE #** | **CITY/STATE** | **DATE** | **# of PATIENTS OBSERVED** | **RDH/DDS SIGNATURE** |
| Local Anesthesia **FOUR (4) DIFFERENT PATIENTS** |        |       |       |            |            |   |
| Nitrous Oxide **TWO (2) DIFFERENT PATIENTS** |       |       |       |            |            |   |
| **TOTAL PATIENTS** |       |   |
| *Please add and report the Total Hours of Time spent in all observations in all offices.* |       |  |

# **Only use and complete if you have applied to our program before and wish to use your previous Observation Hours Form in addition to this year’s form to meet all required hours of observation.**

# **Otherwise, discard and do not complete.**

# *Note, you will still need to use the new form as the Observation Hours Criteria has changed.*

# REQUEST TO USE PREVIOUS APPLICATION DOCUMENTS

|  |  |  |
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|       |       |       |
|  LAST NAME |  FIRST NAME |  MIDDLE INITIAL |
|       |       |       |
|  SID NUMBER |  BIRTHDATE |  PREVIOUS NAME |
|       |       |       |       |
| ADDRESS | CITY | STATE | ZIP |
|       |       |       |       |
| CELL PHONE | HOME PHONE | WORK PHONE | APPLICATION YEAR |

* You will need to request your copies at least a month **BEFORE** you submit your application and definitely six weeks before the deadline.
* Submitting this form with your application is not sufficient and will result in invalidation of your application unless you ALSO submit the previous year’s the Observation Form.
* You must submit the Observation Form (previous years or current) with your application. If you do not, your application will be invalidated.

Please check which documents you would like to have sent to you from your previous Pierce College dental hygiene application(s).

[ ]  Observation Hours Form from Application Year(s). *(Please check all that apply)* 2019 [ ]  2018 [ ]  2017 [ ]  2016 [ ]

1. Copies of the Observation Form are **emailed to your Pierce College Student eMail account, NOT mailed.**
2. Please expect it to take up to ten business days to process and send the documents to your eMail.
3. **You must submit the copy we send to you of your previous Observation Form with this year’s application.**
4. Failure to submit the form(s) with your application THIS year will invalidate your application.

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| --- | --- |
| SIGNATURE:  | DATE: |