

## Higher Education Center 880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862 www.swccd.edu/dentalhygiene

## **Dental Office Observation Form**

DUE UPON ACCEPTANCE INTO THE PROGRAM

## To the Dental Professional:

The Southwestern 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/hygienist regardless of employment experience of the prospective applicant.

Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 8 hours. Applicant Name: \_ 1. Observation of a dental hygienist performing initial therapy with anesthesia on a root planing case. Dental Hygienist: Date: Dentist: Date: Tel#: ( Total hours: **Printed Name:** 2. Observation of restorative amalgam /composite procedures performed by a dentist and dental assistant. Dentist: Date: Tel#: ( ) Total Hours: **Printed Name:** 3. Observation of an entire recall prophylaxis appointment. Dental Hygienist: Date: Dentist: Date: Tel#: ( ) Total Hours: **Printed Name:** Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments. Dental Hygienist: Date: Dentist: Date: Tel#: ( ) Total Hours: **Printed Name:** 5. Observation of front desk operations: reception, appointment control, patient release. Office Mgr. Date: Dentist: Date: Tel#: ( )

**Printed Name:** 

Total Hours: