



Observation Report Record

A minimum of 24 hours of direct observation with two licensed dental hygienists are required for acceptance into the Dental Hygiene Program. **The dental hygienist must be working in a private practice or clinical setting only.** Observing a dentist or assistant performing dental hygiene duties does not qualify. **Observation time must take place in two different practices and/or clinics.** It is recommended that the applicant **complete equal hours of observation in each of the two selected settings.** This form must include accurate information and all necessary professional signatures. Falsifying this form will result in automatic disqualification from the DH selection process.

An Observation Report Record must be submitted to the Limited Entry Office with the DH application packet.

Name _____
Last First Middle All Last Names Used

Address _____
Number Street Apt. Number NSHE Number

City State Zip Telephone: _____
Day Phone

SETTING #1

Office Name: _____

Supervising Dentist Name: _____

Office Address: _____

Office Phone Number: _____

Hygienist's Name _____

Hygienist's Signature _____

Date	From (Time)	To (Time)	Number of Hours

SETTING #2

Office Name: _____

Supervising Dentist Name: _____

Office Address: _____

Office Phone Number: _____

Hygienist's Name _____

Hygienist's Signature _____

Date	From (Time)	To (Time)	Number of Hours