

# Dental Office Observation Form

Filing Period: **January 1 – February 17, 2020 at 5:00 p.m.**

The Dental Office Observation Form must be dated between 02/17/19 – 02/17/20

To the Dental Professional:

The Diablo Valley College Dental Hygiene Program requires our prospective dental hygiene students to observe the following dental related procedures to 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. **Two observations are required. Each observation requires a minimum of 3 hours with a maximum of 8 hours per observation.**

Applicant's Name: \_\_\_\_\_

**Observation of a Registered Dental Hygienist, not a Dentist**, performing an entire recall prophylaxis and/or supportive periodontal therapy (maintenance) including observation of infection control procedures. The infection control procedures must include: operatory preparation and post-appointment protocol, cleaning and sterilizing instruments (**minimum 3 hours**).

RDH License No. (**REQUIRED**) \_\_\_\_\_ RDH Signature (**REQUIRED**) \_\_\_\_\_

Date \_\_\_\_\_ Total Hours \_\_\_\_\_

Dentist License No. (**REQUIRED**) \_\_\_\_\_ Dentist Signature (**REQUIRED**) \_\_\_\_\_

Date \_\_\_\_\_ Office Telephone Number \_\_\_\_\_

Office Address \_\_\_\_\_

**Attach  
Dentist's  
Business  
Card  
Here**

**REQUIRED**

**Observation of a Registered Dental Hygienist or a Periodontist, not a general Dentist**, performing quadrant(s) of periodontal therapy with local anesthesia on a patient with at least moderate chronic periodontitis (**minimum 3 hours**).

RDH or Periodontist License No. (**REQUIRED**) \_\_\_\_\_ RDH or Periodontist Signature (**REQUIRED**) \_\_\_\_\_

Date \_\_\_\_\_ Total Hours \_\_\_\_\_

Dentist License No. (**REQUIRED**) \_\_\_\_\_ Dentist Signature (**REQUIRED**) \_\_\_\_\_  
(Dentist License No. and Signature not required if student observed a Periodontist)

Date \_\_\_\_\_ Office Telephone Number \_\_\_\_\_

Office Address \_\_\_\_\_

**Attach  
Dentist's or  
Periodontist's  
Business  
Card  
Here**

**REQUIRED**