

Dental Office Observation Form

This form must be dated within 2 years of the Application Filing Period

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 and maximum of 8 hours.**

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.

All information below is required. Incomplete observation forms will disqualify your consideration for acceptance into the Dental Hygiene Program.

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.

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