



# DENTAL HYGIENE PROGRAM THE OHIO STATE UNIVERSITY OFFICE OBSERVATION FORM

## Section I - To be completed by the student applying to the Dental Hygiene Program:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Section II -- To be completed by the Dental Hygienist:

Prospective Dental Hygiene students are expected to document a minimum of 20 hours of observation divided among multiple dental offices. We appreciate your willingness to assist this student to better understand the dental hygiene profession.

This is to verify that the prospective dental hygienist named above completed \_\_\_\_\_ hours of observation in my office on \_\_\_\_\_ (date):

Type of practice:

List the type of procedure(s) observed:

Comments (optional):

Dental Hygienist's signature \_\_\_\_\_

Office address and telephone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_