

Georgia Highlands Dental Hygiene Program Observation Form (05/08)

All observations, dates, times and signatures must be recorded by the **applicant** on the observation form. Return all forms to the dental hygiene office prior to the application deadline of **March 15th**.

Directions: This form must be completed within the year of application. (March 16-March 15). Call a dental office (**general practice only**- one that sees patients of all ages) near your home and make arrangements to observe their daily activities. You must observe a minimum of 30 hours, with at least 15 of which must be with the dental hygienist. Be sure that you spend some of the hours observing the dentist also. Document your times, dates and what kind of procedures you observed on this form. You can use as many of these forms as you need. (Do not submit info on any other type of form) **Once you have completed the form, have the RDH or Dentist sign to validate your attendance.**

Name of Applicant: _____

Address of General Practice: _____

Day/Date: _____ **Times:** _____

Observations: _____

Signature of DDS or RDH: _____

Day/Date: _____ **Times:** _____

Observations: _____

Signature of DDS or RDH: _____

Name of Applicant: _____

Address of General Practice: _____

Day/Date: _____ **Times:** _____

Observations: _____

Signature of DDS or RDH: _____

Day/Date: _____ **Times:** _____

Observations: _____

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Day/Date: _____ **Times:** _____

Observations: _____

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