

Germanna Community College Dental Hygiene Program Application Dental Office/Hygienist Observation Documentation

This form will be accepted June 1st through September 1 each year. Please type or print with a pen. The form must be filled out completely or the application will be incomplete. Observation forms must be submitted for each office observed.

Name of Dental Hygiene Applicant: _____

Name of Dental Practice Office: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Licensed Dentist or Dental Hygienist: _____

License #: _____ State License Issued: _____

I hereby attest that the above-named applicant has _____ hours of observation of clinical dental/dental hygiene procedures.

Dates applicant has observed: From: _____ / _____ To: _____ / _____
Month Year Month Year

Signature of Licensed Dentist/Dental Hygienist: _____

Date: _____

Please place an official office stamp/seal for the practice in the area below.