

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

This form will be accepted June 1<sup>st</sup> through August 29<sup>th</sup> 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.