Dental Hygiene Program
Dental Office Observation Form

Applicant: ____________________________________

Please Print

Date(s) of Observation: __________________________________________

Dental Facility Name: ______________________________________________

Address: _________________________________________________________

Phone: ___________________________________________________________

This is to verify that the above-named applicant spent at least 16 hours observing dental and
dental hygiene treatment in this dental facility.

Dentist's Signature _________________________________ Date: ____________

Applicant's Signature _________________________________ Date: ____________

Prospective Student:

During your office visit, you may want to ask the following questions:

Responsibilities of the Dental Hygienist
  • What are the specific job duties related to dental hygiene practice?
  • What are other job duties related to dental office management and teamwork?

Patient Scheduling
  • How many patients are seen in a day by the dental hygienist?
  • How much time is allowed to see a patient?
  • Does the hygienist have any input in scheduling patients?

Work Environment
  • What is the length of work week (days of operation)?
  • What is the length of work day (daily hours)?
  • What type of clinical attire is required in the office?
  • Who are the other members of the office staff and what are their general responsibilities?
  • Are staff meetings regularly scheduled and when?

Dental Hygiene as a Profession
  • What are the rewards of this profession?
  • What are the challenges of this profession?
  • Does the dental hygienist volunteer in community services?