

# OBSERVATION WORK SHEET

## DENTAL HYGIENE

Applicant instructions: This form must be completed by the licensed dental hygienist working in a dental practice that you observed. A minimum of fifteen hours of observation must be completed.

Form must be submitted to Admissions office in building 410, Main Campus or fax (843)574-6483 or email to [julie.douglas@tridenttech.edu](mailto:julie.douglas@tridenttech.edu).

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Student ID #

This applicant has completed \_\_\_\_\_ hours of observation work at

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Phone Number

In \_\_\_\_\_

City

State

\_\_\_\_\_  
Licensed Dental Hygienist Name & License #  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date