OBSERVATION WORK SHEET
EXPANDED DUTY DENTAL ASSISTING

Applicant instructions: This form must be completed by the Certified Dental Assistant, graduate of an ADA-accredited Dental Assisting program, or an Expanded Duty Dental Assisting in a general dentistry practice that you observed. A minimum of five 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 beth.murdaugh@tridenttech.edu.

__________________________________________________________________________  ______________________________________________________________________
Applicant’s Name                                              Student ID #

This applicant has completed ______________ hours of observation work at

__________________________________________________________________________  ______________________________________________________________________
Name of Facility                                              Phone Number

In ______________________________________________________________________
City  ______________________________________________________________________
State

__________________________________________________________________________
CDA or EDDA Name (Please Print)

__________________________________________________________________________
Signature                                             Date