



Dental Hygiene Program Clinical Observation Documentation Form

Name of Applicant: _____ **WSCC Student #:** _____
Facility Name: _____ **Facility Address:** _____
Facility Phone: _____ **City:** _____ **State:** _____

The DHY program recommends that applicants complete a minimum of 8 quality observation hours with a dental hygienist. However, this is not a requirement at this time one bonus (1) point will be added to improve the application score. Quality hours are defined as actual time spent observing dental hygiene patient care, not time spent observing department "down time". Credit should not be given for anything outside of dental hygiene patient care activities (i.e., lunch, secretarial duties, videos, time spent with dental assistant, etc.). Hours of observation must be performed under a licensed Dental Hygienist.

Facility Name:	Date:	Starting time HR:MIN AM/PM	Ending time HR:MIN AM/PM	# of hours (rounded to the nearest quarter)
1.	/ /	:	:	
2.	/ /	:	:	
3.	/ /	:	:	
4.	/ /	:	:	
5.	/ /	:	:	
6.	/ /	:	:	
7.	/ /	:	:	
8.	/ /	:	:	
9.	/ /	:	:	
10.	/ /	:	:	
11.	/ /	:	:	
12.	/ /	:	:	
13.	/ /	:	:	
14.	/ /	:	:	

I certify that the hours listed above were observed by me in dental hygiene. I also certify that these are dental hygiene (not dental assisting) hours and are not being duplicated for any other WSCC health program application. I understand that these hours may be verified for authenticity and realize that falsification of this document will result in my application to the DHY Program being withdrawn from consideration.

Student Signature

Date

I certify that the hours listed above were spent under my supervision or the supervision of one of my licensed Dental Hygienist coworkers and involve the direct observation of dental hygiene patient care. **If this sheet is not completely filled in, I have placed my initials on the line beside the final hour(s) completed.**

Supervising Dental Hygienist Signature

Date