

## Dental Hygiene Program Student Observation Form for Pre-Dental Hygiene Admission

## Section 1: To be completed by the student applying to the SSU Dental Hygiene Program

Name:		Student I.D.#		
Address:				
City:	State:_		Zip:	
, ,	prospective student to obse Umber of observation hours	erve the practice of decompleted. Twelve	<b>nist:</b> entistry and dental hygiene. (12) hours of observation in	
Date:	Hours of Observati	Hours of Observation:		
Dental Office at which stude number:	ent is observing: Please incl	ude Dentist's Name,	office address and a phone	
Signature of Supervising De	ntist and/or Dental Hygieni	st:		
Please check the experience  *Scaling and Polishir  *X-ray placement ar  *Administration of L  *Sterilization/Infecti  Placement of Sealan	ng d processing ocal Anesthesia on Control	le to witness: * Required Experiences Fluoride Application Taking of impressions Soft Tissue Management Placement of Restorations Extractions		
Comments:				
Student presented in appro	priate attire as stated belov	w:Yes	No	
The preadmission students p code. Failure to adhere to th			nply with the following dress	
Jewelry: no jewelry p Body/facial piercing: Body art/tattoo: mu Clothing: dress slack	must be covered st be covered s and appropriate tops (if avants with writing, jeans, sweaths	ailable: scrubs/lab jacl		

Return before the March 1st application deadline: Scan this form and upload to your Dental Hygiene Application. If unable to do this, send directly to Kim Cox, Department of Admissions at 940 Second Street, Portsmouth, OH 45662