

Observation Form

Dear Dental Practitioners:

The Community College of Baltimore County Dental Hygiene Program asks that our prospective dental hygiene students observe 16 hours of dental hygiene related procedures as completed by a Registered Dental Hygienist, so that they may gain an understanding of dental hygiene practices. We express our sincerest gratitude for allowing prospective students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. Please sign in the indicated space below.

Total hours of observation must equal a minimum of 16 hours within the last year prior to application submission. **Note to Applicants:** You need to schedule an observation appointment with a dental hygienist in a dental practice or public health facility; thank the dental practitioners for the opportunity to observe them; and make sure you wear appropriate attire and be aware of client privacy. Document your dates, hours of observation, and what kind of procedures you observed on this form. You can use as many of these forms as you need. **BE SURE TO SUBMIT PRIOR TO APPLICATION DEADLINE.**

Applicant Name: _____ CCBC ID# _____

Date: _____ Total number of hours worked: _____

Observations:

Signature of Registered Dental Hygienist: _____

Dental Practice Location: _____

Telephone Number: _____

Date: _____ Total number of hours worked: _____

Observations:

Signature of Registered Dental Hygienist: _____

Dental Practice Location: _____

Telephone Number: _____

Date: _____

Total number of hours worked: _____

Observations:

Signature of Registered Dental Hygienist: _____

Dental Practice Location: _____

Telephone Number: _____

Date: _____

Total number of hours worked: _____

Observations:

Signature of Registered Dental Hygienist: _____

Dental Practice Location: _____

Telephone Number: _____

Date: _____

Total number of hours worked: _____

Observations:

Signature of Registered Dental Hygienist: _____

Dental Practice Location: _____

Telephone Number: _____

RETURN TO: The Community College of Baltimore County
Office of Selective Admissions, J101
7201 Rossville Boulevard
Baltimore, MD 21237