

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:	Sf	tate:	Zip:	
Thank you for allowing t Please indicate below th		o observe the practice of hours completed. Twel	gienist: f dentistry and dental hygiene. ve (12) hours of observation in	
Date:	Hours of Obse	Hours of Observation:		
Dental Office at which st number:	udent is observing: Pleas	e include Dentist's Nam	ne, office address and a phone	
	Dentist and/or Dental Hy			
<pre>*Scaling and Poli*X-ray placemen*Administration*Sterilization/InfPlacement of Sea</pre>	t and processing of Local Anesthesia fection Control	Fluoride Taking of Soft Tisse Placeme Extractio	Application f impressions ue Management nt of Restorations	
	propriate attire as stated ts participating in this obse		No comply with the following dress	
•	o the code may prevent ad	•		

Hair: away from the face and off the shoulder (long hair must be pulled back) Jewelry: no jewelry permitted Body/facial piercing: must be covered Body art/tattoo: must be covered Clothing: dress slacks and appropriate tops (if available: scrubs/lab jacket) No halter tops, tube tops, tee shirts with writing, jeans, sweats, shorts Shoes, closed toed shoes only

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 the Dental Hygiene Department at 940 Second Street, Portsmouth, OH 45662