

Georgia Highlands Dental Hygiene Applicant Observation Form

All observations, dates, times and signatures must be recorded by the **applicant** on the observation form. Return all forms to the GHC dental hygiene office prior to the application deadline of **March 1st**.

Remember to give each hygienist that you are observing the Hygienist Evaluation form (not this form) before you start your observations. Also, you cannot do the observations at an office where you are employed.

Directions: This form must be completed within the year of application. (March 1-March 1). **New observation hours must be done each year.** Call 2 general dental offices (one that sees patients of all ages) near your home and make arrangements to observe their hygienists' daily activities. You must observe a minimum of 15 hours in each office. Document your times, dates and what kind of procedures you observed on this form. You can use as many of these forms as you need. (Do not submit info on any other type of form) **Once you have completed this form, have the RDH sign to validate your attendance.**

Name of Applicant: _____

Name and Phone # of General Practice: _____

Address of General Practice: _____

Day/Date: _____ **Times:** _____ **Total # hours** _____

Observations: _____

Signature of RDH: _____

Day/Date: _____ **Times:** _____ **Total # hours:** _____

Observations: _____

Signature of RDH: _____

Name of Applicant: _____

Name and Phone # of General Practice: _____

Address of General Practice: _____

Day/Date: _____ **Times:** _____ **Total # hours:** _____

Observations: _____

Signature of RDH: _____

Day/Date: _____ **Times:** _____ **Total # of hours:** _____

Observations: _____

Signature of RDH: _____

Day/Date: _____ **Times:** _____ **Total # of Hours:** _____

Observations: _____

Signature of RDH: _____