Georgia Highlands Dental Hygiene Applicant Observation Form

All observations, dates, times, and signatures must be recorded by the applicant on the observation form. Completed forms must be uploaded when you submit your online application by March 15th.

Remember to give each hygienist that you are observing the Hygienist Evaluation form (not this form) when you begin your observations. All observations must be in a general dental practice and you may not observe in an office in which you are employed.

Directions: Observations must be completed within 12 months of the application deadline (March 16-March 15.) New observation hours must be done each year. You must observe a minimum of 15 hours in two different general dental practices for a minimum total of 30 hours. Observation should focus on the daily activities of a licensed dental hygienist. 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: __________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of RDH: _______________ Signature of RDH: _________________________

Day/Date: _______________ Times: ___________ Total # hours: ___________

Observations: __________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of RDH: _______________ Signature of RDH: _________________________

(03/23)
Name of Applicant: ____________________________
Name and Phone # of General Practice: ____________________________
Address of General Practice: _______________________________________

Day/Date: ___________     Times: __________     Total # hours: ______

Observations: ______________________________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________

Name of RDH: ________________________  Signature of RDH: __________

Day/Date: ___________     Times: __________     Total # of hours: ______

Observations: ______________________________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________

Name of RDH: ________________________  Signature of RDH: __________

Day/Date: ___________     Times: __________     Total # of Hours: ______

Observations: ______________________________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________
_________________________    _______________________________________

Name of RDH: ________________________  Signature of RDH: __________
Example of Completed Form

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Name of Applicant: Mary Smith
Name and Phone # of General Practice: Dental Experts (901) 999-9999
Address of General Practice: 415 Main Blvd., Teeth City, GA 99999

Day/Date: 10/1/23 Times: 8:00 am - 12:00 pm Total # hours: 4

Observations: Observed Sally as she reviewed patient notes and medical histories before she greeted each patient. She answered all patient questions for the time you observed this morning. You may print or write in cursive. Please use legible handwriting.

Name of RDH: Sally Sunshine Signature of RDH: Sally Sunshine, RDH

Day/Date: 10/1/23 Times: 1:00 pm - 5:00 pm Total # hours: 4

Observations: Observed...

Name of RDH: Sally Sunshine Signature of RDH: Sally Sunshine, RDH

(03/23)