

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:** _____

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: _____

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Example of Completed Form

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

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

Observations: I observed Sally as she reviewed patient notes and medical histories before she greeted each Complete your observation notes 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: I observed

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