

**NORTH IDAHO COLLEGE
 SPRING 2023 DENTAL HYGIENE PROGRAM APPLICATION
 OBSERVATION HOUR REQUIREMENT FORM**

*Applicant must complete each component listed on the 'Observation Hour Requirement' Form. Minimum of 20.0 hours total must be met among the combined components. Multiple forms can be used if meeting hourly requirements at more than one office/clinic.

DENTAL HYGIENIST OBSERVATIONS:	SIGNATURE	DATE
1. Adult prophylaxis appointment		
2. Child prophylaxis appointment		
3. Periodontal scaling/debridement for a periodontally compromised patient		
4. Exposure of dental images - digital, traditional film or CT scan		
5. Administration of local anesthesia		
6. Sealant application		
7. Infection control procedures in a dental office - Must include the following: operatory set up, breakdown, and sterilizing instruments		

DENTIST OBSERVATIONS:	SIGNATURE	DATE
8. Restorative procedure (filling, crown, etc.)		
9. Tooth extraction by dentist or oral surgeon		

CLERICAL OBSERVATIONS:	SIGNATURE	DATE
10. Clerical office work - Must include the following: appointment scheduling, billing procedures, coding, etc.		

ADDITIONAL INFORMATION:	INDICATE RESPONSE: YES or NO	
Applicant called to make an appointment.	YES	NO
Applicant was punctual.	YES	NO
Applicant arrived at office properly attired and groomed.	YES	NO
Applicant displayed a professional demeanor.	YES	NO
Applicant appeared interested in dental hygiene procedures.	YES	NO

Additional comments/impression regarding applicant:

APPLICANT & HYGIENIST NAMES (Print Below - Must Be Legible):	SIGNATURE (Below)	DATE
Applicant Name:		
Observing Hygienist Name:		
Observing Hygienist Name:		

SUPERVISING DENTIST NAME (Print Below - Must Be Legible):	SIGNATURE (Below)	DATE
Dentist Name:		

Supervising dentist - I certify this applicant observed the above noted procedures in our office/clinic. 'N/A' indicates procedure not observed!

I also certify this applicant has completed _____ total observation hours in our office/clinic. MUST indicate total hours!

Office/Clinic Name:

Office/Clinic Address:

Office/Clinic Phone:

*Observation hour requirements can be completed ahead of application cycle dates. Completed form(s) must be submitted with Dental Hygiene application materials during the open application cycle.