

OFFICE OBSERVATION FOR 2009-10

***Program Application Requirement**

Filing period: Jan. 13 – Feb. 10, 2010 (5 p.m.) for Class Beginning Fall 2010

To the Dental Professional:

The Truckee Meadows Community College Dental Hygiene Program asks that our prospective dental hygiene students observe the following dental related procedures in order that they may gain an understanding of dental and dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist/hygienist regardless of employment experience of the prospective applicant. (Valid for 13 months 1/13/09 to 2/10/10)

Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 8 hours.

Applicant Name: _____ **Is this applicant employed in your office?** Yes No

1. Observation of a dental hygienist performing initial therapy with anesthesia on a root planing case.

Hygienist: _____ Date: _____
 Dentist: _____ Date: _____ Tel#: () _____
 Total hours: _____ **Printed Name:** _____

2. Observation of restorative amalgam /composite procedures performed by a dentist and dental assistant.

Dentist: _____ Date: _____ Tel#: () _____
 Total Hours: _____ **Printed Name:** _____

3. Observation of an entire recall prophylaxis appointment.

Hygienist: _____ Date: _____
 Dentist: _____ Date: _____ Tel#: () _____
 Total Hours: _____ **Printed Name:** _____

4. Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments.

Hygienist: _____ Date: _____
 Dentist: _____ Date: _____ Tel#: () _____
 Total Hours: _____ **Printed Name:** _____

5. Observation of front desk operations: reception, appointment control, patient release.

Office Mgr. _____ Date: _____
 Dentist: _____ Date: _____ Tel#: () _____
 Total Hours: _____ **Printed Name:** _____