



Dental Assisting Program Observation Form

*Please complete and return this form prior to the application deadline to:
NHTI Admissions Office, 31 College Drive, Concord, NH 03301*

Name (please print): _____ Date of Birth: _____

Applicant's signature: _____ Date: _____

Dear Dental Assisting Applicant:

NHTI's Allied Dental Education Programs require that each prospective dental assisting student observe for 20 hours in a dental office so that they may gain an understanding of dental assisting practices. Please note: the observation is only valid for 2 years.

Preparing for Your Observation:

- Make an appointment to observe with a dentist and their dental assistant;
- Dress appropriately and maintain proper decorum during the observation;
- Observe confidentiality of the patient.

During the Observation You Must:

- Observe the various procedures performed by the dental assistant;
- Observe the dental assistant and their interactions with both the dentist and the patient;
- Ask questions of the dental assistant so that you can gain an increased understanding of both the rigors and responsibilities of the profession.

Answer the following:

Responsibilities of the Dental Assistant:

1. List some of the daily responsibilities of the dental assistant you observed.

2. What are other job duties related to dental office management and teamwork?

(questions continued on reverse)

Patient Appointments

1. What different dental procedures did you observe?

2. What were the dental assistant responsibilities during these procedures?

Work Environment

1. What is the length of the work week?

2. What is the length of the work day?

3. Who are the other members of the dental team and what are their general responsibilities?

Dental Assisting as a Profession

1. What are the advantages of this profession?

2. What are the disadvantages of this profession?

3. What did you value most about this observation experience?

Please have the dentist and dental assistant complete the following:

Date of Observation: _____ *Total number of hours:* _____

Dentist Printed Name and Signature: _____

Dental Assistant Printed Name and Signature: _____

If more than one office is used:

Date of Observation: _____ *Total number of hours:* _____

Dentist Printed Name and Signature: _____

Dental Assistant Printed Name and Signature: _____