



Dental Hygiene Program Observation Form

*Please complete and return 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 Hygiene Applicant:

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

Preparing for Your Observation:

- Make an appointment to observe a Registered Dental Hygienist;
- 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 hygienist;
- Observe dental hygienist and patient interaction;
- Ask questions of the dental hygienist so that you can gain an increased understanding of both the rigors and responsibilities of the profession, as well as the education needed to become a dental hygienist.

Answer the following:

Responsibilities of the Dental Hygienist:

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

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

Patient Scheduling

1. How many patients are seen in a day by the dental hygienist?

2. How much time is allowed to see a patient?

3. How often are patients seen for recall appointments?

(questions continued on reverse)

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 Hygiene 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 hygienist complete the following:

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

Dentist Printed Name and Signature: _____

Dental Hygienist Printed Name and Signature: _____

If more than one office is used:

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

Dentist Printed Name and Signature: _____

Dental Hygienist Printed Name and Signature: _____