

Name of

**Dental Practice** 

Date

## Department of Undergraduate Health Professions Dental Hygiene Program Applicant Shadowing Form

Signature of

**Dental Hygienist** 

Total

hours

All applicants are required to observe in dental offices for the purpose of unpaid "job shadowing" a clinical dental hygienist in order to help the applicant make an informed career decision. Documentation of these visits should be submitted DIRECTLY to the dental hygiene program not to admissions. Please submit by uploading the document and attaching to an email. Subject line of email should state: DH Shadowing Your First & Last Name. Email shadowing form to <a href="mailto:dentalhygiene@augusta.edu">dentalhygiene@augusta.edu</a>. Documentation must be received by the admissions deadline.

Twelve (12) hours of observation are required and should occur within one year of the date of the application deadline for the year in which you wish to enroll. Applicants must shadow in at least 2 different offices. Shadowing at your place of current/previous employment will not count for hours.

Name of Dental

Hygienist shadowed

Address of

**Dental Practice** 

| Applicant, please check off all areas/proce  | dures vou were able t  | o observe                                |                           |    |
|--|------------------------|--|---------------------------|----|
| ☐ Medical history review and vital signs   |                        | ☐ Administration of anesthesia           |                           |    |
| ☐ Extra and intra oral examinations  |                        | ☐ Scaling and root planing               |                           |    |
|  |                        |  |                           |    |
| ☐ Periodontal exam   |                        | □ Polishing                              |                           |    |
| ☐ Dental charting  |                        | ☐ Sealants                               |                           |    |
| ☐ Dental Health Education  |                        | ☐ Fluoride treatment/varnish application |                           |    |
| ☐ Exposure and processing of rad   | iographs               | ☐ Sterilization proced                   | ures and infection contr  | ol |
| Instructions for students:   |                        |  |                           |    |
| When contacting a dental practice to request observation/shadowing time, explain to staff that you are interested in |                        |  |                           |    |
| pursuing a career in dental hygiene and are fulfilling requirements for admissions.                                  |                        |  |                           |    |
| During the introductory phone call, ask the shadowing? Will I be able to shadow the h                                | • .                    | What is the appropriat                   | te attire to wear while   |    |
| Be polite and aware that some patients made Maintain confidentiality as this is an important the same patients.      | •                      |  | ng their dental procedure | Э. |
| I certify that all information is accurate and   | that I attended all ho | urs noted.                               |                           |    |
| Printed Name of Applicant  | Signa                  | ture of Applicant                        | <br>Date                  |    |