

## Dental Hygiene Applicant Observation Verification

**Name of Applicant:** \_\_\_\_\_ **AC ID#:** \_\_\_\_\_

The Amarillo College Dental Hygiene Program requires applicants to complete **two full-day observations** for a total of **at least 16 hours**. Your signature verifies the applicant's observation in your office. Thank you for supporting future dental hygienists.

### OBSERVATION ENTRY 1

<b>Date of Observation:</b>	<b>Total Hours Observed:</b>
<b>Name of Office/Facility:</b>	
<b>Office Address:</b>	
<b>Contact Phone Number:</b>	
<b>Name of Hygienist (print):</b>	<b>License No.:</b>
<b>Hygienist Signature:</b>	<b>Date:</b>
<b>Procedures Observed:</b>	

### OBSERVATION ENTRY 2

<b>Date of Observation:</b>	<b>Total Hours Observed:</b>
<b>Name of Office/Facility:</b>	
<b>Office Address:</b>	
<b>Contact Phone Number:</b>	
<b>Name of Hygienist (print):</b>	<b>License No.:</b>
<b>Hygienist Signature:</b>	<b>Date:</b>
<b>Procedures Observed:</b>	

**Total Number of Observation Hours Submitted:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicants must scan this completed form and email it to the Amarillo College Dental Hygiene Program before the application deadline of April 10<sup>th</sup>. Send it to our administrative assistant, Jordane Burke, RDH, at **j0479978@actx.edu** or call **806 356 3673** if you have questions.