

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

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

OBSERVATION ENTRY 2

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

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 **March 25th, 2027**. Please send it to our administrative assistant, Jordane Burke, RDH, at **j0479978@actx.edu** or call **806-356-3673** if you have questions.