

**DENTAL HYGIENE
JOB SHADOWING INSTRUCTION FORM**

Applicants to the Fayetteville Technical Community College Dental Hygiene program are encouraged to provide evidence of 20 hours of shadowing a practicing dental hygienist. This experience is designed to allow the applicant to see the dental hygiene profession from the perspective of the dental hygiene practitioner rather than that of the patient. Applicants should be prepared to adhere to OSHA, CDC, HIPAA and other guidelines as outlined by established office policies of the practice visited.

Ideally, shadowing experiences would involve observation of a variety of dental hygiene services, including but not limited to, patient assessment through medical history review and intraoral/extraoral examination, child and adult prophylaxis, non-surgical periodontal therapy (scaling and root planing), radiography procedures, local anesthesia, sealants, impressions, oral hygiene instruction and various business and practice management functions carried out by the dental hygienist.

Shadowing may be completed in one or more offices to reach the minimum of 20 hours. A separate form is required for each office setting. Please make as many copies of the attached form as necessary.

All completed and signed forms should be scanned as pdf and **UPLOADED in the **HEALTH APPLICATION** at time of completing the Health Application.**

Direct all questions to:

Amanda G. Jones RDH, DEL jonesam@faytechcc.edu

****Applicants to the FTCC Dental Hygiene Program must use this form to document their 20+ hours of Shadowing a Dental Hygienist.**

APPLICANT LAST NAME: _____

APPLICANT FIRST NAME: _____

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE: _____

SHADOWING VERIFICATION

Thank you for your willingness to assist this applicant in his/her familiarization with the dental hygiene profession.

How many hours of observation did applicant named above complete?

Dates:

If Other than General Practice, please specify specialty:

All Additional Comments are welcome: _____

Dental Hygienist's Signature:

Office Name and Address: _____

Office Telephone Number: _____

Verification of Shadowing/Observation Hours must be updated and re-submitted for each application cycle
