

To gain a firm knowledge of the scope of practice and role of the dental hygienist, the Lane Community College Dental Hygiene Program has instituted a dental hygiene clinical observation requirement for all applicants to the program. This requirement is intended to ensure students have enough information to make an informed decision regarding dental hygiene as a chosen field of study, prior to applying to the program.

REQUIREMENT:

Applicants must complete a minimum of eight (8) documented hours of observation of a clinical dental hygienist practicing in either a general dentistry or a periodontal practice setting. For the purposes of scheduling and for documentation of the 8 hours, applicants may observe in up to two offices. If two offices are used, both sections on Page 2 must be completed. It should be noted that this requirement cannot be completed within the context of employment; therefore, observations documented at the same location as the applicants *Employment Verification Form* will **not be accepted**.

When applying to the Dental Hygiene Program, this form **MUST** be submitted with all other materials at the time of the application. There are no exceptions to this requirement and incomplete forms will not be accepted.

Applicants should contact LCC's Dental Hygiene Program Coordinator, Michelle Cummins at cumminsm@lanecc.edu for questions regarding meeting this requirement or with completion of this form.

APPLICANT INFORMATION:

Name: _____ L#: _____

Address: _____

City: _____ State: _____ Zip: _____

OBSERVATION INSTRUCTIONS:

1. Contact a local dental office(s) to arrange a day/time to observe the Dental Hygienist. Your observation must be scheduled for a minimum of 4 hours of time, per visit.
2. Request to observe on a day when the dental hygienist will be performing dental prophylaxis, periodontal maintenance, and/or periodontal scaling procedures, as well radiographs and/or local anesthesia.
3. Arrive on time and dress professionally (i.e., closed-toe shoes, no shorts, no sweats, restrained long hair, wearing of lab coats if required by the office, etc.; scrubs are encouraged, but not required).
4. Observe only the Dental Hygienist.
5. During the observation, make every effort to reduce distractions (no cell phones) and minimize any extraneous and/or unrelated conversations during the patient's appointment. **AT ALL TIMES** always respect the patient's right to privacy and confidentiality.
6. As a courtesy, send a note to the dental office(s), to thank them for the opportunity to observe.

OFFICE INFORMATION:

Name of Office: _____ Phone number: _____
Address: _____ Date of Observation: _____
City/State: _____ Number of Hours: _____

TO BE COMPLETED BY THE DENTAL HYGIENIST:

Name of the Dental Hygienist: _____
Signature of the Dental Hygienist: _____

Procedures observed:

_____ Scaling and Polishing (prophylaxis)	_____ Sterilization/Infection Control
_____ X-ray placement and processing	_____ Fluoride Application
_____ Administration of Local Anesthesia	_____ Placement of Sealants
_____ Periodontal Scaling	_____ Placement of Restorations

Additional Comments: _____

COMPLETE THIS SECTION ONLY IF MORE THAN ONE OFFICE WAS USED FOR THE OBSERVATION

OFFICE INFORMATION:

Name of Office: _____ Phone number: _____
Address: _____ Date of Observation: _____
City/State: _____ Number of Hours: _____

TO BE COMPLETED BY THE DENTAL HYGIENIST:

Name of the Dental Hygienist: _____
Signature of the Dental Hygienist: _____

Procedures observed:

_____ Scaling and Polishing (prophylaxis)	_____ Sterilization/Infection Control
_____ X-ray placement and processing	_____ Fluoride Application
_____ Administration of Local Anesthesia	_____ Placement of Sealants
_____ Periodontal Scaling	_____ Placement of Restorations

Additional Comments: _____