



**Dental Office Observation Form
Non-surgical Periodontal Therapy**

This form must be dated within 2 years of the application filing period start date.

To the Dental Professional:

The Diablo Valley College Dental Hygiene Program requires our prospective dental hygiene students to observe a dental hygienist to gain an understanding of dental hygiene practices and dental office procedures. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist and hygienist regardless of employment experience of the prospective applicant. **The observation requires a minimum of 3 hours and maximum of 8 hours.**

Applicant's Name: _____

Observation of a Registered Dental Hygienist, not a Dentist, performing quadrant(s) of non-surgical periodontal therapy with local anesthesia on a patient with at least Stage 3 Periodontitis. Infection control procedures must be observed including: operatory preparation, post-appointment protocol, and cleaning and sterilizing instruments.

ALL information and signatures below are required. Incomplete observation forms will result in an incomplete application to the Dental Hygiene Program.

RDH License No. RDH Signature

Date Time Arrived Time Departed Total Hours

Dentist License No. Dentist Signature

Date Office Telephone Number

Office Address

**Attach Office
Business Card
Here**

REQUIRED