



**Dental Office Observation Form  
Prophylaxis or Supportive 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 an entire recall prophylaxis and/or supportive periodontal therapy (maintenance) procedure including observation of infection control processes. The infection control processes must include: 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**