



4240 Campus Drive\* Lima, Ohio 45804 \*PH (419) 995-8346/FAX (419) 995-8162

Applicant's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**RHODES STATE COLLEGE  
DENTAL HYGIENE PROGRAM  
OBSERVATION FORM**

As part of the acceptance procedures into the Dental Hygiene Program, you are required to observe a clinical dental hygienist of your choice in a dental office for a minimum of sixteen (16) hours. You may schedule these hours in any combination that is convenient for you, the dental hygienist and the dentist. To enhance this learning experience, it is advisable to divide the required hours between more than one dental office. Many dental offices in Lima and the surrounding areas are familiar with this requirement. You may also earn four (4) of these hours by **completing** treatment as a dental hygiene patient in our clinic. Call 419-995-8346 for an appointment.

When you contact a dental office to make arrangements, confirm that a dental hygienist is employed. Then, ask them if they might have a clean lab jacket for you to wear while in the office to comply with their infection control policy. If not, you may borrow one from the Dental Hygiene Program; then return it as soon as possible. **Please wear professional dress** (nice dress, suit or slacks, no jeans or shorts, etc.) and demonstrate appropriate behavior (no chewing gum, no improper use of language, etc.) during the observation. At this time you are representing not only yourself but also Rhodes State College. It would be a kind gesture for you to send a note of appreciation to the dentist and dental hygienist following your observation.

**It is suggested that all or a portion of this observation be completed prior to the required advising session.** In any event, this requirement must be met prior to entering the program in the Fall. Any additional time that you are able to spend in the dental office setting (additional observation, dental assisting, etc.) will enhance your dental hygiene education.

Signature of Dental Hygienists	Dentist's Name	Date	No. of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

P.S. Please contact Mrs. Bowers at 419-995-8385 or by e-mail: bowers.d@rhodesstate.edu if you are having any problems making arrangements for your observations.

**(OVER)**

Please identify the procedures you observed and assisting duties you may have been asked to perform for the dental hygienist. Also prepare a brief paragraph explaining how this experience benefitted you in your career decision. Responses may be hand-written or typed.

WHAT PROCEDURES DID YOU OBSERVE THE DENTAL HYGIENIST PERFORM?

WHAT DENTAL ASSISTING DUTIES DID YOU PERFORM FOR THE DENTAL HYGIENIST?  
(if any)

HOW DID THIS OBSERVATION ASSIST YOU WITH YOUR CAREER DECISION?