

NORTH IDAHO COLLEGE - SPRING 2027 DENTAL HYGIENE PROGRAM

OBSERVATION REQUIREMENT FORM - Applicant Name: _____

Observation must include all requirements & minimum of 20.0 total hours spent with two different hygienists and a dentist.		
DENTAL HYGIENIST OBSERVATIONS: (If not observed, indicate N/A in signature area)		SIGNATURE
1. Adult prophylaxis appointment		DATE
2. Child prophylaxis appointment		
3. Periodontal scaling/debridement for a periodontally compromised patient		
4. Exposure of dental images, intraoral photos or scan		
5. Administration of local anesthesia		
6. Sealant application		
7. Infection control procedures in a dental office - Must include the following: operatory set up, breakdown, and sterilizing instruments		
DENTIST OBSERVATIONS: (If not observed, indicate N/A in signature area)		SIGNATURE
8. Restorative amalgam or composite procedure		DATE
9. Tooth extraction by dentist		
CLERICAL OBSERVATIONS: (If not observed, indicate N/A in signature area)		SIGNATURE
10. Clerical office work - Must include the following: appointment scheduling, billing procedures, coding, etc.		DATE
DENTAL ASSISTANT WORK EXPERIENCE WAIVER INFORMATION:		INDICATE RESPONSE: YES or NO
Applicant has Dental Assistant work experience. If yes, provide required information.		YES NO
*Observation hour requirements can be waived for an applicant employed as a Dental Assistant. For consideration, indicate the applicant's Dental Assistant employment information below. Include positon time for this clinic only. The supervising dentist must verify the work history/employment by signing and dating form below.		
Employment Dates (Start/End):		Total Employment Hours:
ADDITIONAL APPLICANT INFORMATION:		INDICATE RESPONSE: YES or NO
Applicant called to make an appointment.		YES NO
Applicant was punctual.		YES NO
Applicant arrived at office properly attired and groomed.		YES NO
Applicant displayed a professional demeanor.		YES NO
Applicant appeared interested in dental hygiene procedures.		YES NO
Additional comments/impression regarding applicant (Regarding observation hour time or for Dental Assistant work experience): 		
PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below):		SIGNATURES (Below)
Applicant Name:		
Observing Hygienist Name:		
Observing Hygienist Name:		
SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION:		DENTIST SIGNATURE (Below)
Dentist Name (Printed):		DATE
Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. Those not observed are marked 'N/A' as indicated above.		
I also verify this applicant has completed _____ observation (total) hours in our office/clinic. Indicate total observation hours spent in this clinic only.		
*Supervising dentist for waiver purposes - I verify this applicant is eligible for waiver of the observation hour requirements based on current Dental Assistant employment in clinic as noted by employment dates and hours information above. Contact information for our clinic/office (for observation hours or employment waiver) is provided below.		
Clinic/Office Name:		
Clinic/Office Address:		
Clinic/Office Phone:		
*Observation hour requirements can be completed ahead of application cycle dates. Completed form(s) must be submitted w/DH application materials by the set application deadline. Multiple forms may be used for documenting requirements and hours if completed in more than one clinic/office.		