All applicants are required to observe in dental offices for the purpose of unpaid “job shadowing” a clinical dental hygienist in order to help the applicant make an informed career decision. Documentation of these visits should be submitted DIRECTLY to the dental hygiene program not to admissions. Please submit by uploading the document and attaching to an email. Subject line of email should state: DH Shadowing Your First & Last Name. Email shadowing form to dentalhygiene@augusta.edu. Documentation must be received by the admissions deadline.

Twelve (12) hours of observation are required and should occur within one year of the date of the application deadline for the year in which you wish to enroll. Applicants must shadow in at least 2 different offices. Shadowing at your place of current/previous employment will not count for hours.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Dental Practice</th>
<th>Address of Dental Practice</th>
<th>Name of Dental Hygienist shadowed</th>
<th>Signature of Dental Hygienist</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant, please check off all areas/procedures you were able to observe.

- ☐ Medical history review and vital signs
- ☐ Extra and intra oral examinations
- ☐ Periodontal exam
- ☐ Dental charting
- ☐ Dental Health Education
- ☐ Exposure and processing of radiographs
- ☐ Administration of anesthesia
- ☐ Scaling and root planing
- ☐ Polishing
- ☐ Sealants
- ☐ Fluoride treatment/varnish application
- ☐ Sterilization procedures and infection control

Instructions for students:
When contacting a dental practice to request observation/shadowing time, explain to staff that you are interested in pursuing a career in dental hygiene and are fulfilling requirements for admissions.

During the introductory phone call, ask the following questions: What is the appropriate attire to wear while shadowing? Will I be able to shadow the hygienist?

Be polite and aware that some patients may be uncomfortable with a student observing their dental procedure. Maintain confidentiality as this is an important part of being a health professional.

I certify that all information is accurate and that I attended all hours noted.

_____________________________________    ______________________________________   _________________
Printed Name of Applicant                                           Signature of Applicant   Date