



**Dental Hygiene Program
Dental Office Observation Form**

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____

Dental Practice: _____

Address: _____

Phone: _____

_____ Dental Practice Representative Signature

_____ Date

Your signature gives Halifax Community College Dental Hygiene Program permission to contact this practice to verify the applicant's observation schedule with your practice.

Applicant's Observation Schedule (APPLICANT MUST OBSERVE FOR 16 HOURS)

Date	Arrival Time	Departure Time

Please identify all of the following that you observed

	Front office practices and procedures
	Dental hygiene practices and procedures
	Infection control practices and procedures
	Dental procedures <input type="checkbox"/> Restorative procedures <input type="checkbox"/> Orthodontic procedures <input type="checkbox"/> Prosdodontic procedures <input type="checkbox"/> Radiology procedures <input type="checkbox"/> Periodontal procedures <input type="checkbox"/> Oral surgery procedures
	Dental practice staff meeting

Applicant:

During your dental practice observation, you may want to ask the following questions:

Dental Hygiene Responsibilities

- What are the specific job duties related to dental hygiene practice?
- What are **some of your** other job duties related to dental office management and teamwork?

Patient Scheduling

- How many patients do you treat in a normal workday?
- How much time is allowed to treat a patient?
- Do you have any input in scheduling patients?

Work Environment

- What is the length of workweek (days of operation)?
- What is the length of workday (daily hours)?
- What type of clinical attire is required in the office?
- Who are the other members of the office staff and what are their general responsibilities?
- Are staff meetings regularly scheduled and when?

Dental Hygiene as a Profession

- What are the rewards of this profession?
- What are the challenges of this profession?
- Do you volunteer in community services?