

**OZARKS TECHNICAL
COMMUNITY COLLEGE**

**DENTAL ASSISTING
Optional Verification of Job Shadowing**

The applicant listed below has applied for our Dental Assisting Program.

Student Name: _____
Please Print

Dear Doctor(s) and Dental Assistant(s):

The dental assisting faculty at Ozarks Technical Community College would like to thank all the volunteer offices/agencies that have allowed a prospective dental assisting student into their offices of dental practice. We are recommending all pre-dental assisting students to observe forty hours. We are recommending this to provide potential students the opportunity to gain basic knowledge of the career that they have chosen. We appreciate the time you have given to our students. In order that we continue to make improvements in this experience for the students, we would appreciate your brief response to the following questions. Thank you again.

Your name/organization: _____

Date of student observation: _____

Number of hours spent observing: _____

Please identify what the student was able to observe/participate in this rotation:

Please identify any recommendation you have to improve this experience for the students:

Additional information that you would like to share:

Dentist's or Assistant's Signature: _____

THIS FORM MAY BE MAILED, or GIVEN TO THE STUDENT TO RETURN TO THE COLLEGE.

Allied Health Office
Ozarks Technical Community College
1001 East Chestnut Expressway
Springfield, MO 65802