



DENTAL HYGIENE
Verification of Dental Related
Job Shadowing

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

Student Name: \_\_\_\_\_
Please Print

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

The dental hygiene faculty at Ozarks Technical Community College would like to thank all the volunteer offices/agencies that have allowed a prospective dental hygiene student into their offices of dental practice. We are requiring all pre-dental hygiene students to observe forty hours. We are requiring 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:

Four horizontal lines for text entry.

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

Three horizontal lines for text entry.

Additional information that you would like to share:

Two horizontal lines for text entry.

Dentist's or Hygienist's Signature: \_\_\_\_\_

THIS FORM MAY BE FAXED, 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