

Youngstown State University The Dr. Madeleine Haggerty Dental Hygiene Program



OBSERVATION FORM REQUIREMENT

Section I: To be completed by the student applying to the YSU Dental Hygiene Program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section II: To be completed by the Registered Dental Hygienist.

Thank you for allowing this prospective student to observe the practice of dental hygiene. Please indicate below the number of observation hours completed. **Twelve (12) hours of observation of a registered dental hygienist in at least two separate dental offices or clinics are required.**

_____ hours of observation on _____ (date)

Dental Hygienist's signature: _____

Dentist Name: _____

Office address: _____

Telephone: _____

Comments: _____

Return by September 1st of the year of application to:

Youngstown State University
Dental Hygiene Program
1 Tressel Way
Youngstown, OH 44555

NOTE: STUDENTS MUST DRESS APPROPRIATELY. SHORTS, JEANS, TENNIS SHOES, FLIP FLOPS OR OTHER UNPROFESSIONAL CLOTHING IS NOT APPROPRIATE. HAIR MUST BE PULLED AWAY FROM THE FACE AND MAKE-UP AND PERFUME SHOULD BE MODERATELY APPLIED.