

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
One University Plaza
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.