



HORRY-GEORGETOWN TECHNICAL COLLEGE
DENTAL HYGIENE and EXPANDED DUTY DENTAL
ASSISTING PROGRAMS
DENTAL OFFICE OBSERVATION
DOCUMENTATION

Dear Doctor and Staff:

Thank you for allowing this applicant for the Dental Hygiene or Expanded Duty Dental Assisting Program to observe in your dental office. The faculty and staff of the Dental Sciences Department want our students to go into the dental profession fully aware of all that is involved when making a career choice. By observing a dental office in action, they are given the opportunity to not only see what skills and requirements are needed to be a Dental Hygienist or Expanded Duty Dental Assistant, but also experience the teamwork involved in providing excellent patient care.

A total of fifteen (15) hours of observation are required to meet one of the criteria for admittance into the Dental Hygiene or Expanded Duty Dental Assisting Programs. The dental sciences applicant is not required to obtain all fifteen (15) hours of observation from one office. In fact, it is preferred that she/he observe dental procedures in more than one dental office.

If you will please document the amount of time the candidate spent in your office and sign as verification, we can be assured that the required amount of observation time has been met.

Thank you again for your support of the Dental Hygiene and Expanded Duty Dental Assisting Programs and the Dental Sciences Department of Horry Georgetown Technical College.

Sincerely,

Michelle Meeker, RDH, MS, CDA
Program Director/Chair
Dental Sciences Department



Dental Hygiene/Expanded Duty Dental Assisting Programs
Dental Office Observation Documentation

Student

Name _____

Name of Dentist/Address of Dental Office _____ Total Hours _____

OPERATIVE (AT LEAST 15 HOURS TOTAL)	Name of Dental Office
Date of Observation: From: To:	
Date of Observation: From: To:	

I confirm that _____ has completed the above listed hours in my office.

Student Name

Dentist's Signature

Date



Dental Hygiene/Expanded Duty Dental Assisting Programs
Dental Office Observation Documentation

Student

Name _____

Name of Dentist/Address of Dental Office _____ Total Hours _____

OPERATIVE (AT LEAST 15 HOURS TOTAL)	Name of Dental Office
Date of Observation: From: To:	
Date of Observation: From: To:	

I confirm that _____ has completed the above listed hours in my office.

Student Name

Dentist's Signature

Date



OBSERVATION REQUIREMENTS
for
DENTAL HYGIENE
&
EXPANDED DUTY DENTAL ASSISTING PROGRAMS

1. Call the dental office(s) of your choice to arrange a time to observe at their practice.
2. In advance of your observations, ask the office if they would like for you to wear scrubs for your observations. It is your responsibility to provide your own clean, unwrinkled scrub uniforms. Wear clean tennis shoes, have your hair up and away from your face.
3. Professional, respectful behavior is expected, and no cell phones should be used during observation hours.
4. Upon arrival to the dental office (s) for observations, please give the dental office manager the enclosed 'doctor and staff' letter, which details the observation requirement.
5. You are not required to obtain all fifteen of the required hours at the same dental office; however, you are free to do so. The dental office(s) where you observe must be a General Dental Practice and not a specialty office. This will provide you with exposure to a variety of procedures.
6. For *dental hygiene applicants*: Be sure to observe the dentist and dental assistant, as well as the front office staff and the dental hygienist. Most of your hours are best spent observing **the dental hygienist**.
7. For *dental assisting applicants*: Be sure to observe the dentist and dental assistant, as well as the front office staff and the dental hygienist. Most of your hours are best spent observing **the dental assistant**.
8. On the page(s) where you document your observations, have the person monitoring your hours place the date and amount of time observed, including the dentist's signature below.
9. After you have met your fifteen (15) hour requirement please mail your documentation to the Admissions office located at: Horry Georgetown Technical College, ATTN: Admissions Office, 2050 Hwy. 501 East, Conway, SC 29528, or email to Admissions@hgtc.edu
10. If you have any questions, please call the Dental Sciences, Program Director, Michelle Meeker at 843-839-1091 or contact via email at Michelle.meeker@hgtc.edu.

Dental Hygiene/Expanded Duty Dental Assisting
Programs Dental Office Observation Documentation

Student Name _____ Date _____

Name(s) of DENTAL OFFICE(S) _____

1. Compare and contrast the job duties of the dental assistant and the dental hygienist.
2. What are the responsibilities of the business office staff?
3. Describe the most interesting thing you observed during your observation.
4. What was your overall impression of the dental offices you observed? What did you enjoy most and the least about the profession (dental assisting or dental hygiene) you are interested in?

Student's Signature

Date