



All applicants are required to observe in dental offices for the purpose of unpaid “job shadowing” a clinical dental hygienist in order to help the applicant make an informed career decision. Documentation of these visits should be submitted DIRECTLY to the dental hygiene program not to admissions. Please submit by uploading the document and attaching to an email. Subject line of email should state: DH Shadowing Your First & Last Name. Email shadowing form to [dentalhygiene@augusta.edu](mailto:dentalhygiene@augusta.edu) . Documentation must be received by the admissions deadline.

Twelve (12) hours of observation are required and should occur within two years of the date of the application deadline for the year in which you wish to enroll. Applicants must shadow in at least 2 different offices. Shadowing at your place of current/previous employment will not count for hours.

Date	Name of Dental Practice	Address of Dental Practice	Name of Dental Hygienist shadowed	Signature of Dental Hygienist	Total hours

Applicant, please check off all areas/procedures you were able to observe.

- |                                                                 |                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Medical history review and vital signs | <input type="checkbox"/> Administration of anesthesia                   |
| <input type="checkbox"/> Extra and intra oral examinations      | <input type="checkbox"/> Scaling and root planing                       |
| <input type="checkbox"/> Periodontal exam                       | <input type="checkbox"/> Polishing                                      |
| <input type="checkbox"/> Dental charting                        | <input type="checkbox"/> Sealants                                       |
| <input type="checkbox"/> Dental Health Education                | <input type="checkbox"/> Fluoride treatment/varnish application         |
| <input type="checkbox"/> Exposure and processing of radiographs | <input type="checkbox"/> Sterilization procedures and infection control |

**Instructions for students:**

When contacting a dental practice to request observation/shadowing time, explain to staff that you are interested in pursuing a career in dental hygiene and are fulfilling requirements for admissions.

During the introductory phone call, ask the following questions: What is the appropriate attire to wear while shadowing? Will I be able to shadow the hygienist?

Be polite and aware that some patients may be uncomfortable with a student observing their dental procedure. Maintain confidentiality as this is an important part of being a health professional.

I certify that all information is accurate and that I attended all hours noted.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date