

## UC Blue Ash College Dental Hygiene Program Pre-Admission Observation/Work Experience Form

### SECTION 1: *Instructions for the applicant*

This pre-admission form is for students wishing to be considered for entry into the UCBA Dental Hygiene Program. It is a required part of the Dental Hygiene Application and must be submitted along with the application beginning January 3<sup>rd</sup> through March 1<sup>st</sup>. Carefully read the instructions below:

- The applicant seeking admission into the UCBA Dental Hygiene Program is required to visit 2 dental offices for 8 hours (minimum 4 hours each) for the purpose of observing behind-the-scenes operations and the role of the dental hygienist in that office.
- The applicant is responsible for contacting dental offices and arranging an appointment convenient to the dentist, dental hygienist and other personnel. Please dress appropriately in business attire. Do not wear blue jeans, tank top shirts or sandals of any type.
- The applicant must obtain the signature of the dental hygienist with whom he/she will observe or obtain the dentist's signature from each office. The dentist/dental hygienist must complete Section 3.
- If the applicant is employed by the dentist then the dentist's signature is required and no other observations are necessary. The dentist must complete Section 3.
- The applicant must complete Section 4. Scan page 2 (sections 3 & 4) of all observation forms into one PDF document and save (taking a photograph of the forms is not recommended due to the file size.) Document will need to be uploaded with electronic application during dates specified above. Go to <http://www.ucblueash.edu/resources/technology/labs.html> for information about utilizing UCBA's computer lab and if you need help uploading the forms.

### SECTION 2: *Note to Dentist/Dental Hygienist*

Dear Doctor/Dental Hygienist:

We appreciate your willingness to assist this applicant to better understand the dental hygiene profession. This document will be given consideration as a factor in the applicant's admission to the program. Your feedback is greatly appreciated. Please complete Section 3 on the next page. Again we are very grateful for your time.

UCBA Dental Hygiene Program  
9555 Plainfield Road, Blue Ash OH 45236,  
(513)745-5635

**SECTION 3: To be completed by the dentist/dental hygienist**

1. Applicant without Dental Assisting or Dental Office Experience:

Date of Observation: \_\_\_\_\_ Hours of Observation: \_\_\_\_\_

2. Applicant with Dental Assisting or Dental Office Experience:

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

3. Please Check the experiences this applicant was able to witness:

- |   |   |
|---|---|
| <input type="checkbox"/> Scaling and Polishing              | <input type="checkbox"/> Soft Tissue Management                       |
| <input type="checkbox"/> X-ray placement and processing     | <input type="checkbox"/> Placement of Restorations                    |
| <input type="checkbox"/> Administration of Local Anesthesia | <input type="checkbox"/> Assisted Chairside                           |
| <input type="checkbox"/> Sterilization / Infection Control  | <input type="checkbox"/> Performed Reception – Secretary Duties       |
| <input type="checkbox"/> Placement of Sealants              | <input type="checkbox"/> Performed Other Duties: please specify below |
| <input type="checkbox"/> Fluoride Application               | _____   |
| <input type="checkbox"/> Taking of Impressions              | _____   |

4. Please circle the response that best describes the applicant’s performance during his/her observation at your office:

- |   |       |          |
|---|-------|----------|
| a. The applicant was dressed appropriately.         | Agree | Disagree |
| b. The applicant presented a professional demeanor. | Agree | Disagree |
| c. The applicant observed unobtrusively.            | Agree | Disagree |

**Name of Office:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Dentist / Dental Hygienist**

\_\_\_\_\_  
**Date**

**SECTION 4: Applicant’s Information**

\_\_\_\_\_  
Applicant Name: (Print Full Name)

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Applicant’s M#: \_\_\_\_\_