

## 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. Carefully read the instructions below:

- The applicant seeking admissions into the UCBA Dental Hygiene Program is required to visit 2 dental offices for 8 hours (minimum of 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.
- Applicants may also be a patient in our Dental Hygiene Clinic for part of their observation hours. Please visit our [Clinic's website](#) for additional information, or call (513) 558-9589 to schedule an appointment. Please note that appointments in the Clinic may last for two or three sessions. As a patient you will be required to attend each session, but only 4 hours of your time will be counted towards observation hours.
- 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. Once Section 3 and 4 are complete scan page 2 of all observation forms into one PDF document and save (taking a picture of the forms is not recommended due to the file size). This document will need to be uploaded with the electronic [selective admissions application](#). Please visit [UCBA's Technology Resources](#) if you need help uploading the forms.
- Section 5 is to be completed and submitted with Sections 3 and 4 if you have any healthcare experience through volunteering or work experience.

### 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.

UCAB Dental Hygiene Program  
9555 Plainfield Road, Blue Ash, OH 45236  
(513) 558-9478

### SECTION 3: To be completed by the Dentist / Dental Hygienist

#### OFFICE INFORMATION

Name of Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

<b>OBSERVATION INFORMATION</b> Applicant <b>without</b> Dental Assisting or Dental Office Experience <b>Date of Observation:</b> _____ <b>Hours of Observation:</b> _____
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OR

<b>EMPLOYMENT INFORMATION</b> Applicant <b>with</b> Dental Assisting or Dental Office Experience Date of Employment: _____ <b>From</b> _____ <b>to</b> _____
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#### APPLICANT INFORMATION

1. Please check the experiences of this applicant or employee:

- |   |   |
|---|---|
| <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"/> Other (please specify below): _____  |
| <input type="checkbox"/> Fluoride application               |   |
| <input type="checkbox"/> Taking of impressions              |   |

2. Please circle the response that best describes the applicant's performance during their employment at your office:

- |   |                                |                                   |
|---|--------------------------------|-----------------------------------|
| The applicant is a dedicated worker.                                    | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| The applicant presents a professional demeanor.                         | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| If an <b>observer</b> , did they observe unobtrusively                  | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| If an <b>employee</b> , are they capable of additional/expanded duties. | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |

Any additional comments:

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

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

### SECTION 4: Applicant's Information

\_\_\_\_\_  
Applicant's Name (Print Full Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's M#

## SECTION 5: Healthcare Experience

### Healthcare Experience:

Was this experience as a(n):

Employee

Volunteer

Type of Setting: \_\_\_\_\_

Location Name: \_\_\_\_\_

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

Amount of Experience:

Less than one year

1-4 years

5+ years

Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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### Healthcare Experience:

Was this experience as a(n):

Employee

Volunteer

Type of Setting: \_\_\_\_\_

Location Name: \_\_\_\_\_

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

Amount of Experience:

Less than one year

1-4 years

5+ years

Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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### Healthcare Experience:

Was this experience as a(n):

Employee

Volunteer

Type of Setting: \_\_\_\_\_

Location Name: \_\_\_\_\_

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

Amount of Experience:

Less than one year

1-4 years

5+ years

Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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I verify that the above information is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_