



**Verification of Observation
For a
Dental Hygiene Application**

Name of Applicant:

Date of Observation:

Applicant/Banner ID#:

Total Hours of Observation:

Instructions for RDH being observed:

Thank you for allowing this applicant to observe you in your place of employment. This observation is critical to the application process. More importantly, it is a valued lesson in the “life of dental hygienist.” At the completion of the observation for this applicant, please complete the following information. This form can be printed and hand written, or you can choose to complete the fillable form and return to the applicant electronically. If so, please save the form with the changes noted on the form, or the form will be sent blank of information.

Name of Registered Dental Hygienist:

State of Texas License Number:

Name of the Dental Practice:

Address of the Dental Practice:

City, State, and Zip:

Office Phone Number:

RDH:

Please provide information related to the observation process. Please share any information or comments that is felt necessary for the applicant to have a better understanding of the needs of the dental hygienist.

Registered Dental Hygienist’s Signature:

Printed/Typed Name:

Date:

Instructions for Applicant:

At the completion of the observation hours, the applicant will scan and submit the completed observation forms into one document. This saved document will be submitted with the final application submission. Please provide the below information.

Applicant Signature:

Printed/Typed Name of Applicant: