DENTAL HYGIENE PROGRAM
2015 PRE-ADMISSION OBSERVATION FORM

Submit this completed document by fax* or mail to:
SUNY Orange
Office of Admissions
115 South St
Middletown, NY 10940
*Fax: 845-342-8662

This form must be filled out by students wishing to be considered for entry into the Dental Hygiene Program and must be returned to the Admissions Office by the application deadline (February 1st, 2015).

1. NAME:  Mr  Ms
   First   Middle   Last

2. YOUR STUDENT ID# (if known): A  
3. DATE OF BIRTH:   Month   Day   Year

4. MAILING ADDRESS:
   Number and Street   City   State   Zip Code

5. TELEPHONE: ____________________________  6. E-MAIL: ________________
   Area Code and Number

A pre-entrance requirement into the Dental Hygiene Program is the completion of 16 hours (minimum) of clinical observation.

Please use this form for recording your clinical observations. The observations must occur in at least TWO (2) different clinical settings (eg., pedodontist, periodontist, prosthodontist, general practice, hospital or clinic-based) and under the direction of A REGISTERED DENTAL HYGIENIST (RDH).

<table>
<thead>
<tr>
<th>Date</th>
<th>From (Time)</th>
<th>To (Time)</th>
<th>Hours in Attendance</th>
<th>Doctor Name, Address and Telephone #</th>
<th>Clinical Setting</th>
<th>RDH Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the pre-admission observations, any information shared with students concerning patients, dentists, staff, or employees, is considered confidential. Disclosure of such information to unauthorized individuals will be considered a breach of professional ethics. Your signature on this form implies that you agree to adhere to the principles of professional ethics in your interactions with patients and staff at these practice sites.

Signature of Student ____________________________  Date ________________

Rev. 03-05-14