



DENTAL HYGIENE PROGRAM

2018 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 Office of Admissions by the application deadline (February 1, 2018).**

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 Dental Hygienists and Practices.** (i.e., pedodontis, periodontist, prosthodontist, general practice, hospital or clinic-based) and under the direction of **A REGISTERED DENTAL HYGIENIST (RDH).**

<i>Date</i>	<i>From (Time)</i>	<i>To (Time)</i>	<i>Hours in Attendance</i>	<i>Doctor Name, Address & Telephone #</i>	<i>Clinical Setting</i>	<i>RDH Name (Print)</i>	<i>RDH Signature</i>

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