



**DENTAL HYGIENE PROGRAM**

**2020 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, 2020).**

Mr.  
1. **NAME:**  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 be under the direction of **A REGISTERED DENTAL HYGIENIST (RDH)** and must be at least **Two (2) different Dental Hygienists in Two (2) different offices or Practices.** Both observations can be performed in general practice offices. Specialty practice offices, hospitals or clinics are also acceptable.

<i>Date</i>	<i>From (Time)</i>	<i>To (Time)</i>	<i>Hours in Attendance</i>	<i>Doctor Name, Address &amp; 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