

DENTAL HYGIENE PROGRAM - 2021 PRE-ADMISSION OBSERVATION FORM

Due to the Pandemic the 16 hours of direct observation of dental hygienists practicing will be replaced with videos and an activity describing your observations. This must be completed and submitted to <u>apply@sunyorange.edu</u> by the February 1st deadline with the application to the program. The responses on the observation activity will be evidence that each candidate fulfilled the simulation and will not be considered part of the selection process.

PLEASE NOTE: Once you complete the form, it must be saved using the "save as" command in order to not lose the information that you have filled out. Once you complete the form, click file, then from the drop-down menu select "save as" and save the document to your device.

☐ Mr. 1. NAME: ☐ Ms.					
	First	Middle		Last	
2. <u>YOUR STUDENT</u>	<u>ID#</u> (if known): A		3. DATE OF BIRTH: N	Month Day	Year
4. MAILING ADDRE	Number and Street		City	State	Zip Code
5. <u>TELEPHONE</u> ;	area Code and Number		6. <u>E-MAIL:</u>		

You will use this tool in place of face-to-face observations. Please follow all directions and complete all parts of the tool. When completed, return to:

1. Watch the three (3) YouTube videos provided.

- a. <u>https://www.bing.com/videos/search?q=you+tube+videos+showing+a+dental+hygienist+at+work&&view=detail &mid=9B3819302DB27AE70F829B3819302DB27AE70F82&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch %3Fq%3Dyou%2Btube%2Bvideos%2Bshowing%2Ba%2Bdental%2Bhygienist%2Bat%2Bwork%26%26FORM %3DVDVVXX</u>
- b. <u>https://www.youtube.com/watch?v=tvpvU13YO8Y</u>
- c. https://www.careeronestop.org/videos/careeronestop-videos.aspx?videocode=29202100

2. Find two more YouTube videos, watch them, and provide the URLs.

- a. ______b.
- 3. After watching the videos, list five (5) "I learned" statements.

a.	
b.	
c.	
d.	
e.	

4. Which was your favorite video and why?

5. Which "skill sets" of the dental hygienist did you observe? (mark all that apply)

Interpersonal communication	Organization	
Patient/Dental Hygienist	Overall Professionalism	
Dental Hygienist/Other Staff	Demeanor	
Patient Education	Appearance	
Clinical Skills	Rapport	
Infection Control Standards	Other	

6. What impressed you most?

7. Why do you want to become a dental hygienist?

8. Other comments:

This activity is serves as a simulation of the observations of the working dental hygienist only. Answers to the activity will not be considered in the selection process.

Signature: _

(Your typed name serves as your signature)

Date: _____