



DENTAL HYGIENE PROGRAM - 2022 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 apply@sunyorange.edu 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.

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

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. <https://www.bing.com/videos/search?q=you+tube+videos+showing+a+dental+hygienist+at+work&&view=detail&mid=9B3819302DB27AE70F829B3819302DB27AE70F82&&FORM=VRD GAR&ru=%2Fvideos%2Fsearch%3Fq%3Dyou%2Btube%2Bvideos%2Bshowing%2Ba%2Bdental%2Bhygienist%2Bat%2Bwork%26%26FORM%3DVDV VXX>
- b. <https://www.youtube.com/watch?v=tvpvU13YO8Y>
- 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)

- | | |
|---|--|
| <input type="checkbox"/> Interpersonal communication | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Patient/Dental Hygienist | <input type="checkbox"/> Overall Professionalism |
| <input type="checkbox"/> Dental Hygienist/Other Staff | <input type="checkbox"/> Demeanor |
| <input type="checkbox"/> Patient Education | <input type="checkbox"/> Appearance |
| <input type="checkbox"/> Clinical Skills | <input type="checkbox"/> Rapport |
| <input type="checkbox"/> Infection Control Standards | <input type="checkbox"/> 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: _____