



DENTAL HYGIENE PROGRAM - 2023 PRE-ADMISSION OBSERVATION FORM

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 addition to 4 hours of face-to-face observation with a Registered Dental Hygienist. If you are employed in a dental practice, you must observe in a different practice. Please follow all directions and complete all parts of the tool. When completed, return to apply@sunyorange.edu:

1. Watch the You Tube video provided below:

<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%3DVDVVXX>

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. _____

4. Which “skill sets” of the dental hygienist did you observe? (mark all that apply)

- | | |
|------------------------------------|-----------------------------------|
| _____ Interpersonal communication | _____ Patient Education |
| _____ Patient/Dental Hygienist | _____ Clinical Skills |
| _____ Dental Hygienist/Other Staff | _____ Infection Control Standards |

____ Organization
____ Overall Professionalism
____ Demeanor

____ Appearance
____ Rapport
____ Other

6. What impressed you most?

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

8. Other comments:

The purpose of this activity is to simulate the working dental hygienist in lieu of decreased observation hours due to COVID. The questions and answers are not compared or used in the selection process.

Signature: _____
(Your typed name serves as your signature)

Date: _____