

DENTAL HYGIENE PROGRAM

2024 PRE-ADMISSION OBSERVATION FORM

Email Completed form to apply@sunyorange.edu

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, 2024).

1. <u>NAME</u> :		First		Middle		Last	
2. YOUR STUDENT ID# (if known): A					3. DATE OFBIRTH:	MonthDay	Year
4. MAILING ADDRESS: Number and Street					City	State	Zip Code
5. TELEPHONE: Area Code and Number 6. E-MAIL:							
A pre-entrance requirement into the Dental Hygiene Program is the completion of 4 hours (minimum) of clinical observation. If you are currently employed in a dental office, you may not observe in the same office that you are employed.							
Please use this form for recording your clinical observations. The observations must be under the direction of a REGISTERED DENTAL HYGIENIST (RDH). Observations can be performed in general practice offices. Specialty							
practice offices, hospitals or clinics are also acceptable.							
Date	From (Time)	To (Time)	Hours in Attendance	Doctor Name, Address & Telephone	Clinical Setting	RDH Name (Print)	RDH Signature
During the	nro admiss	ion observ	otions onwinfo	ermation shared with stu	donts concerning notice	ents dantists staff or a	mployees, is considered
confidentia	l. Disclosui	e of such i	nformation to ι		will be considered a	breach of professional of	ethics. Your signature on
Signature of Student						Date	