DENTAL HYGIENE PROGRAM

2027 PRE-ADMISSION OBSERVATION FORM

Submit this completed document by email or mail to:
SUNY Orange
Office of Admissions
115 South St
Middletown, NY 10940
Email: 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, 2027).**

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

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 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