



Dental Hygiene Job Shadowing Instruction Form

All applicants to the BridgeValley Dental Hygiene program must provide evidence of 20 hours of shadowing a practicing dental hygienist. This experience is designed to allow the applicant to see the dental hygiene profession from the perspective of the dental hygiene practitioner rather than that of the patient. Applicants should be prepared to adhere to OSHA, CDC, HIPAA and other guidelines as outlined by established office policies of the practice visited.

Ideally, shadowing experiences would involve observation of a variety of dental hygiene services, including but not limited to, patient assessment through medical history review and intraoral/extraoral examination, child and adult prophylaxis, non-surgical periodontal therapy (scaling and root planing), radiography procedures, local anesthesia, sealants, impressions, oral hygiene instruction and various business and practice management functions carried out by the dental hygienist.

Shadowing may be completed in one or more offices to reach the minimum of 20 hours. A separate form is required for each office setting. Please make as many copies of the attached form as necessary.

All completed and signed forms should be scanned as pdf and emailed to dental.hygiene@bridgevalley.edu. The form will then be placed into the electronic application packet for each individual applicant.

Direct all questions to:

Amanda G. Jones RDH, DEL Amanda.jones@bridgevalley.edu



**BridgeValley Community and Technical College
Department of Dental Hygiene
Applicant Shadowing Form**

Applicants to the Dental Hygiene Program must use this form to document their required 20 hours of shadowing.

APPLICANT LAST NAME: _____

APPLICANT FIRST NAME: _____

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SHADOWING VERIFICATION

Thank you for your willingness to assist this applicant in his/her familiarization with the dental hygiene profession.

How many hours of observation did applicant named above complete? _____

Dates: _____

If other than general practice, please specify specialty: _____

All comments are welcome: _____

Dental Hygienist's Signature: _____

Office Address: _____

Office Telephone: _____