

Dental Hygiene Clinical Observation or Dental Employment Attestation

All PPSC Dental Hygiene Program applicants MUST complete a minimum of 8 hours of observation of a dental hygiene professional in a clinical setting or be employed at a dental clinical setting. Please complete this form and have it signed by a licensed dental professional.

Practice Name and Address _____

Phone Number _____

Date of Observation/Employment _____

Number of Hours Observed/Employed _____

Procedures
Observed/Assisted _____

Applicant Name (Print) _____

Applicant Signature _____

Licensed Dental Professional Name & Title
(Print) _____

Licensed Dental Professional Signature _____