



TAFTCOLLEGE

DENTAL HYGIENE

Pre-Admission Observation

SECTION 1: Instructions for the Applicant

This pre-admission form is for students wishing to be considered for entry into the Taft College Dental Hygiene Program. It is a required part of the Dental Hygiene Application and must be submitted along with the application. Carefully read the instructions below:

- The applicant seeking admission into the Taft College Dental Hygiene Program is required to visit at least one dental office for 10 hours for the purpose of observing behind-the-scenes operations and the role of the dental hygienist in that office.
- The applicant is responsible for contacting dental office(s) and arranging an appointment convenient to the dentist, dental hygienist and other personnel. Please dress appropriately in business attire.
- Applicants may also be a patient in our Dental Hygiene Clinic for part of their observation hours. Please visit our [Clinic's website](#) for additional information, or call (661) 763-7706 to schedule an appointment. Please note that appointments in the Clinic may last for two or three sessions. As a patient you will be required to attend each session, but only 3 hours of your time will be counted towards observation hours.
- The applicant must obtain the signature of the dental hygienist with whom he/she will observe. **The dental hygienist must complete Section 3.**
- The applicant must complete Section 4. Once Section 3 and 4 are complete, scan all page 2 observation forms into one PDF document and save (taking a picture of the forms is not recommended due to the file size). This document will need to be uploaded with the electronic application. Please visit [Taft College's Distance Education](#) if you need help uploading the forms.

SECTION 2: Note to Dental Hygienist

Dear Dental Hygienist,

We appreciate your willingness to assist this applicant to better understand the dental hygiene profession. This document will be given consideration as a factor in the applicant's admission to the program. Your feedback is greatly appreciated. Please complete Section 3 on the next page. Again, we are very grateful for your time.

Taft College Dental Hygiene Program
29 Cougar Ct, Taft, CA 93268
(661)763-7706

SECTION 3: To be completed by the Dental Hygienist

Office Information

Name of Office: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Observation Information

Dates of Observation: _____

Hours of Observation: _____

Please check the experiences this applicant observed:

- | | |
|---|--|
| <input type="checkbox"/> Scaling and polishing | <input type="checkbox"/> Software management system/appointment scheduling |
| <input type="checkbox"/> X-ray placement and processing | <input type="checkbox"/> Periodontal probing |
| <input type="checkbox"/> Administration of local anesthesia | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Sterilization / Infection control | _____ |
| <input type="checkbox"/> Placement of sealants | _____ |
| <input type="checkbox"/> Fluoride application | _____ |
| <input type="checkbox"/> Taking of impressions | |
| <input type="checkbox"/> Soft tissue management | |

Please circle the response that best describes the applicant's performance during their employment at your office:

The applicant presents a professional demeanor.	Agree	Disagree
Did they observe unobtrusively?	Agree	Disagree

Any additional comments:

Dental Hygienist Signature/License Number

Date

I verify that I personally observed the dental hygienist listed above for the hours recorded. I understand that any falsification of this information may result in disqualification from the application process.

SECTION 4: Applicant's Information

Applicant's Name (Print Full Name)

Applicant's A# (if applicable)

Applicant's Signature

Date