



SALT LAKE COMMUNITY COLLEGE
DENTAL EXPERIENCE VERIFICATION

Applicant Name _____ Student ID Number _____

Address _____ Phone Number _____

City

State

Zip

Observation of a clinical dental hygienist working in a dental setting; minimum of 40 hours.
Supervising RDH at the site, must sign and date this form. (Not valid without proper signature)
Student cannot be paid for observation hours or use work time. Health care professional dress is required
and observation hours must have been completed within two years prior to applying to the program.

Observation Site _____

Address _____

Supervising RDH Name _____

Supervising RDH Phone Number _____

Dates and Hours of Observation:

Table with 2 columns: Date, Hours. Multiple empty rows for data entry.

I verify that _____ has observed in this dental hygiene
setting as listed above and that all of the above information is true and correct.

Supervising RDH Printed Name

Supervising RDH Signature

Date