UNIVERSITY OF MARYLAND – SCHOOL OF DENTISTRY
DENTAL HYGIENE PROGRAM
APPLICANT SHADOWING FORM

Applicants to the Dental Hygiene Entry Level Program may use this form to document their shadowing hours. This form may be submitted with other supplemental materials.

_________________________________________           ________________________________
APPLICANT NAME:          LAST
FIRST

_____________________________________________________________________________________
STREET ADDRESS

___________________________  __________________
CITY  STATE  ZIP CODE  COUNTRY

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

The applicant named above completed _________ hours of observation in this office on ___________________________ (date).

If other than general practice, please specify specialty:________________________________________

List the types of procedures observed:

Comments (optional):

_____________________________________________________________________________________
Dental Hygienist’s Signature

_____________________________________________________________________________________
Office Address

Office Telephone  (_______) ___________________________