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 (_____) _____