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 SHADOWING VERIFICATION	STATE	ZIP CODE	COUNTRY
To the dental hygienist. Than familiarization with the denta			plicant in his/her
The applicant named above co	ompleted (date).	hours of observation	in this office on
If other than general practice,	please specify sp	ecialty:	
List the types of procedures o	bserved:		
Comments (optional):			
Dantal III. mismistle Circustum			
Dental Hygienist's Signature			
Office Address			
Office Telephone		()	