

West Virginia University Dental Hygiene Program

Applicant Shadowing Form

Applicant name: _____
(Last)

(First)

(Middle)

Applicant: _____
(Street) (Apartment)

(City)

(State)

(ZIP)

NOTE: This form may be photocopied if you shadow more than once, and/or go to different dental offices.

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 type of procedures observed:

Comments (optional):

Dental Hygienist's name (Printed): _____

Dental Hygienist's Signature: _____

Office Name: _____

Office Address: _____

Office Telephone: (_____) _____

The dental hygiene applicant may send this in with the application and other submissions. Offices will be contacted for verification.