The University of Texas Health Science Center at San Antonio
Dental Hygiene Shadowing Form

Directions: Dental hygiene BS Entry applicants are required to observe a dental hygienist for at least, but are not limited to, sixteen hours at a family, pediatric, or periodontic practice. Hours may be all at the same practice, but it is recommended that the applicant observe at various practices. Applicants are not allowed to observe a hygienist at the same office that they are employed. Please use a separate form for each office.

Name of Applicant: ___________________________  Total Hours Shadowed: ________________

Name of Clinic: ___________________________  Dates/Hours: ______________________

Address of Clinic: ___________________________

Phone Number: ___________________________

Name of Dental Hygienist Shadowed/Observed: _____________________________

Comments about the Applicant:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Hygienist’s Signature: ___________________________  Applicant’s Signature: ___________________________

Printed Name: ___________________________  Printed Name: ___________________________

Date: ___________________________  Date: ___________________________

NOTE: If needed, please list your shadowing dates/hours on an additional sheet of paper.