



UT Health
San Antonio
School of Dentistry

**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.