

# ***Roane State***

## ***Dental Hygiene Job Shadowing Instruction Form***

All applicants to the Roane State Dental Hygiene program must provide evidence of 20 hours of shadowing a practicing dental hygienist. This experience is designed to allow the applicant to see the dental hygiene profession from the perspective of the dental hygiene practitioner rather than that of the patient. Applicants should be prepared to adhere to OSHA, CDC, HIPAA and other guidelines as outlined by established office policies of the practice visited.

Ideally, shadowing experiences would involve observation of a variety of dental hygiene services, including but not limited to, patient assessment through medical history review and intraoral/extraoral examination, child and adult prophylaxis, non-surgical periodontal therapy (scaling and root planing), radiography procedures, local anesthesia, sealants, impressions, oral hygiene instruction and various business and practice management functions carried out by the dental hygienist.

Shadowing may be completed in one or more offices to reach the minimum of 20 hours. A separate form is required for each office setting. Please make as many copies of the attached form as necessary.

All completed and signed forms should be scanned as pdf and emailed to [hsadmissions@roanestate.edu](mailto:hsadmissions@roanestate.edu). Subject line should read "*Dental Hygiene Additional Documentation*". The form will then be placed into the electronic application packet for each individual applicant.



**Roane State Community College  
Department of Dental Hygiene  
Applicant Shadowing Form**

Applicants to the Dental Hygiene Program must use this form to document their required 20 hours of shadowing.

APPLICANT LAST NAME: \_\_\_\_\_

APPLICANT FIRST NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SHADOWING VERIFICATION**

Thank you for your willingness to assist this applicant in his/her familiarization with the dental hygiene profession.

How many hours of observation did applicant named above complete? \_\_\_\_\_

Dates: \_\_\_\_\_

If other than general practice, please specify specialty: \_\_\_\_\_

\_\_\_\_\_

All comments are welcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dental Hygienist's Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Telephone: \_\_\_\_\_