



## Shadowing & Work Verification Form

### Shadowing

- Dental office shadowing or job experience is encouraged to gain knowledge of your chosen profession.
- Documentation of a minimum of 20 hours shadowing or work experience is highly encouraged
- Shadowing is encouraged to be performed in a *minimum* of 2 different dental practices.

***Please complete a separate shadowing form for each office shadowed.***

It is highly advised and encouraged that applicant observe the practice of dental hygiene and dentistry for a minimum of **twenty hours** prior to their educational experience in the Dental Hygiene Program at West Georgia Technical College. As a member of the dental healthcare team, it is important that applicants have an awareness of the requirements involved in his or her chosen profession. Applicants are encouraged to shadow in a minimum of 2 different offices and complete a **separate form for each office.** Please complete the form in ink.

Dear Practicing Dental Professional,

On behalf of West Georgia Technical College, the Dental Hygiene Program, and the applicant, we appreciate your time and efforts to allow the student to observe in your office. The student should spend the vast majority of the shadowing experience with the hygienist. If the applicant was employed in your practice, please indicate dates of employment and the position held.

**Name of Applicant:** \_\_\_\_\_

**WGTC Student ID#:** \_\_\_\_\_  
*(For privacy: the student ID# can be completed by applicant before submission to dental hygiene advisor)*

**Name of Dentist or Dental Office:** \_\_\_\_\_

**Name of Dental Hygienist:** \_\_\_\_\_

**Dates of Clinical Observation:** \_\_\_\_\_

**Total Number of Hours Observed:** \_\_\_\_\_

**OR**

**Dates of Employment**

\_\_\_\_\_

Beginning	Ending
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**Position Held:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature/ Date**

\_\_\_\_\_  
**Dentist or Dental Hygienist Signature / Date**