

Johnson County Community College
Dental Hygiene Program

Pre-Admission Observation Form

Student Name: _____

Student ID #: _____

Mailing Address: _____

Telephone #: _____

A pre-admission requirement is the completion of **eight (8) hours (minimum)** observation of a clinical dental hygienist. Complete the section below to document your observations. This form will be turned in at the pre-admission interview.

Date	From (Time)	To (Time)	Hours Present	DDS Name, Address, Phone #	RDH Name and Signature

During the pre-admission observation, any information shared with students is considered confidential. Disclosure of such information to unauthorized individuals will be considered a breach of professional ethics. Your signature on this form implies that you agree to follow the principles of professional ethics in your interactions with patients and staff at the dental practice sites.

Signature of Student

Date

This form will be turned in at the time of your pre-admission interview.