



PCC Dental Hygiene Program
Dental Hygiene Shadowing Hours Form

Applicant Name: _____ **Student ID:** _____
(Applicant, please fill out above)

To be completed by the dental hygienist who the applicant shadows and returned to the applicant in order to receive 5 points in the Phase I evaluation:

Name of Dental Office	
Address	
Dental Hygienist Name	
Phone Number	
Email	
Shadow Date(s)	
Shadow Time(s)	
Total Shadowing Hours Completed	

Hygienist's Signature _____ **Date** ____ / ____ / ____

This form *MUST* be uploaded in the documents section under the "observation hours" category as a part of the applicant's DHCAS application. All application material must be submitted and received by the 8:59pm (PST) application deadline.

This completed form must be uploaded to the documents section of the DHCAS application.