

NORTH IDAHO COLLEGE – SPRING 2025 DENTAL HYGIENE PROGRAM
OBSERVATION REQUIREMENT FORM INFORMATION

In order to be considered for application to the North Idaho College (NIC) Dental Hygiene Program, an applicant must observe a minimum of 20.0 hours (combined) of specified procedures with two different hygienists and a dentist. The NIC Dental Hygiene Program faculty believe prospective students will gain a better understanding of dentistry and dental hygiene practices through in-person observations. As such, we thank you and your staff for the consideration shown to this potential applicant in allowing for observation within such a valuable learning environment.

Please ensure the appropriate procedures/requirement(s) and hour completion are documented using the attached 'Observation Requirement' form. Be sure to include any additional comments that may be important for consideration as we evaluate applicant eligibility. An applicant may visit multiple clinics/offices to observe and acquire the needed hours and listed requirements. If doing so, a separate form is required of each clinic/office. If a particular procedure/requirement category is not part of the observation experience at your clinic/office, indicate 'N/A' in the signature and date area.

An applicant employed as a Dental Assistant may be eligible for waiver of the observation requirements and hours if there is an understanding in regards to the scope of dental hygiene practice and all requirements listed; however, the attached 'Observation Requirement' form must be completed by a supervising dentist to document and verify the Dental Assistant work experience as indicated. Waiver of these requirements does not earn an applicant any extra points in the application process related to work experience. For consideration of any Dental Assistant work experience for purposes of additional application points, please follow steps as outlined within the application to submit appropriate documentation related to your employment experience.

Completed 'Observation Requirement' form(s) must be submitted as part of the application process during the open application cycle dates to be considered for eligibility; however, an applicant can complete the requirements/hours prior to the application cycle opening. If requirements/hours are completed ahead, submission of the completed form(s) will be required during the open cycle dates. The Spring 2025 Dental Hygiene Program application is anticipated to open in early June 2024 with a cycle closing date likely set during the first week of August 2024. Submission instructions will be outlined in the Spring 2025 Dental Hygiene application information when the application cycle opens.

The attached 'Observation Requirement' form includes the following sections. One form must be submitted for each clinic/office where observation experience occurred. Each form submitted must have appropriate information noted and required signatures to meet documentation eligibility. Indicate 'N/A' as noted above if a specific requirement is not observed. No electronic signatures permitted.

- Applicant Name – Print name at top of form
- Dental Hygienist Observations – Hygienist signature and date for each requirement met
- Dentist Observations – Dentist signature and date for each requirement met
- Clerical Observations – Appropriate staff signature and date for each requirement met
- Dental Assistant Work Experience Waiver – Dentist to complete if applicant is employed as a Dental Assistant and waiver is sought for noted observation requirements and hours
- Additional Applicant Information & Comments – Dentist and/or Hygienists to complete
- Applicant Name and Signature – Sign and date to verify above noted documentation
- Hygienist Names and Signatures – Sign and date to verify above noted documentation
- Dentist Name and Signature – Dentist to complete form with total observation hours or Dental Assistant employment information and sign and date to verify all noted documentation
- Clinic/Office Information – Include Clinic/Office name, address and phone details

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OBSERVATION REQUIREMENT FORM - Applicant Name: _____

*Observation: Must include all requirements & minimum of 20.0 total hours spent with two different hygienists and a dentist.		
DENTAL HYGIENIST OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
1. Adult prophylaxis appointment		
2. Child prophylaxis appointment		
3. Periodontal scaling/debridement for a periodontally compromised patient		
4. Exposure of dental images, intraoral photos or scan		
5. Administration of local anesthesia		
6. Sealant application		
7. Infection control procedures in a dental office - Must include the following: operatory set up, breakdown, and sterilizing instruments		
DENTIST OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
8. Restorative amalgam or composite procedure		
9. Tooth extraction by dentist		
CLERICAL OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
10. Clerical office work - Must include the following: appointment scheduling, billing procedures, coding, etc.		
DENTAL ASSISTANT WORK EXPERIENCE WAIVER INFORMATION:	INDICATE RESPONSE: YES or NO	
Applicant has Dental Assistant work experience. If yes, provide required information.	YES	NO
*Observation hour requirements can be waived for an applicant employed as a Dental Assistant. For waiver consideration, indicate the applicant's Dental Assistant employment dates and total hours worked below. Include position time for this clinic only. Additionally, the supervising dentist must verify the work history/employment by signing and dating form below.		
Employment Dates (Start/End):	Total Employment Hours:	
ADDITIONAL APPLICANT INFORMATION:	INDICATE RESPONSE: YES or NO	
Applicant called to make an appointment.	YES	NO
Applicant was punctual.	YES	NO
Applicant arrived at office properly attired and groomed.	YES	NO
Applicant displayed a professional demeanor.	YES	NO
Applicant appeared interested in dental hygiene procedures.	YES	NO
Additional comments/impression regarding applicant (Regarding observation hour time or for Dental Assistant work experience):		
PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below):	SIGNATURES (Below)	DATE
Applicant Name:		
Observing Hygienist Name:		
Observing Hygienist Name:		
SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION:	DENTIST SIGNATURE (Below)	DATE
Dentist Name (Printed):		
Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. Those not observed are marked 'N/A' as indicated above.		
I also verify this applicant has completed _____ observation (total) hours in our office/clinic. Indicate total observation hours spent in this clinic only.		
*Supervising dentist for waiver purposes - I verify this applicant is eligible for waiver of the observation hour requirements based on current Dental Assistant employment within our clinic as by employment dates and hours information above. Contact information for our clinic/office (for either observation hours or employment waiver requirements) is provided below.		
Clinic/Office Name:		
Clinic/Office Address:		
Clinic/Office Phone:		
*Observation hour requirements can be completed ahead of application cycle dates. Completed form(s) must be submitted with Dental Hygiene application materials by the set application deadline. Multiple forms may be used for documenting requirements and hours if completed in more than one clinic/office.		