

**University of Arkansas for Medical Sciences
Department of Dental Hygiene
DENTAL OFFICE OBSERVATION FORM**
Observation hours must be current, completed within the last two years.

Dental Hygiene Applicant: _____
Reference Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Capacity in which you have known the applicant (e.g.: dentist or dental hygienist, etc.) *We ask that the applicant does not observe in the dental office of a family member.*

Professional Reference: How many hours did this applicant observe/work? _____
Dates: From _____ to _____

Please rate the applicant's performance in terms of the following qualities -√all that apply.

	Superior	Good	Average	Fair	Poor
Sense of responsibility					
Punctuality					
Dependability					
Personal appearance					
Ability to work without supervision					
Interpersonal relations with fellow workers					
Interpersonal relations with patients/clients					

Briefly, describe your impression of the seriousness of purpose and professional attitude of the applicant in their choice of career as a dental hygienist.

The observation from must be uploaded online by dental offices to ensure confidentiality. Please upload the form using the following link:
<https://healthprofessions.uams.edu/submit-observation/>.

Signature of Reference

Date

