

**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. Please use the back of this form if needed. **Complete observation form must be mailed or faxed by the dental offices to ensure confidentiality.**

Signature of Reference

Date

Mail to: UAMS
College of Health Professions,
4301 West Markham Street, **Slot 619,**
Little Rock, AR 72205
Fax: 501-686-6855