

**Hagerstown Community College Dental Hygiene Program Observation Verification Form Due by Application  
Deadline: April 1st**

Dear Dental Practitioners:

The Hagerstown Community College Dental Hygiene Program requires that our prospective students observe 8 hours of dental hygiene related procedures, as completed by a Registered Dental Hygienist, so that they may gain a better understanding of their chosen career. We would like to express our gratitude to you for allowing our students to observe in your practice. Our goal is to further the profession of dentistry by training quality dental hygienists who are passionate about their patients and their work. Please sign in the indicated space(s) below. Thank you!

Please complete and return this form to:

Admissions Office  
Hagerstown Community College  
11400 Robinwood Drive, ASA-401  
Hagerstown, MD 21742  
Fax: (301) 791-9165

Applicant Name: \_\_\_\_\_ HCC Student ID number: \_\_\_\_\_

**Option #1 Applicants with Dental Assisting or Dental Office Work Experience**

(Observation waived with signature of employer)

Dental Office Name and Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employer Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Option #2 Applicants without Dental Assisting or Dental Office Work Experience**

One eight-hour or two four- hour dental hygiene observations are required.

Date of Observation: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Dental Office Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Dental Hygienist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_