



STUDENT EXPERIENCE & OBSERVATION TIPS

Observation hours are an optional but highly encouraged part of the admissions process for the Dental Hygiene and Dental Assisting Programs. The goal is for you to see a professional interact with others in the workplace and utilize different skills. If you like what you see, you may know that you are pursuing the right career choice. If you are not comfortable with what you experience, you may wish to consider a different pathway. To make this experience meaningful, some preparation on your part is needed. Hopefully you will find the following tips helpful.

Contact the office for an Observation Opportunity

People generally enjoy talking about their work and being asked for advice if they are approached respectfully. When calling for an observation opportunity, make sure you follow these guidelines:

- Introduce yourself clearly
- Indicate you are calling to schedule an observation as a prospective student at Central Carolina Community College
- Ask for a specific amount of time (40 hours) to complete the observation
- Call the day before to confirm your appointment

Attire to wear while completing the observation

It is important to be dressed appropriately for the office you are visiting. Remember, you are a guest in their practice and during client appointments

- Clothing must be clean, and hair must be clean and neat
- Any jewelry should be kept simple and perfume used in moderation (If in doubt, don't)
- No hats, no shorts, and no chewing gum
- Business casual slacks, closed toed shoes, and a nice collared shirt or blouse would be appropriate (Jeans, t-shirts, sleeveless tops and sandals are NOT appropriate)
- Some offices may request that you wear a scrub top and pants

Arriving at the Office

- Arrive for your appointment a few minutes early (do not be late)
- Be courteous and friendly
- Have paper and pencil to take notes, and make sure to have good eye contact
- Comply with all worksite safety rules
- Maintain absolute client / patient confidentiality at all times, and after you leave

A few simple questions might include

- What is a typical day in practice like?
- What do you find most enjoyable? Most challenging?
- How did you happen to choose this career?
- What skills are needed to do this job?

Follow-Up

After you leave the observation, make sure to have the employee sign your observation form. Remember to send a "Thank You" note that mentions something of specific value that the person said during the observation or that you learned about the job.

Our faculty and staff are committed to helping you achieve your educational goals. If you need further assistance you may contact the Dental Programs Department Chair, Vicky Wesner, at vwesner@ccc.edu or 919-777-7782.

Sincerely,

Vicky Wesner
Department Chair, Dental Programs

**DENTAL PROGRAMS PROGRAM
STUDENT EXPERIENCE & OBSERVATION VERIFICATION FORM**

As a part of the admissions process into either Dental Assisting or Dental Hygiene, students have the opportunity to demonstrate a minimum of 40 hours work/volunteer experience in the dental field. These 40 hours will be completed under the supervision of a registered Dental Hygienist for the Dental Hygiene program and a registered Dental Assistant for the Dental Assisting program. Exceptions to this policy may be made on a case-by-case basis by the Dental Program Director and the appropriate Academic Dean.

Applicant: (Please print) Name: _____ Address: _____ _____ Telephone: _____ Student ID: _____	Dentist or Dental Hygienist/Assistant: (Please print) Name: _____ Address: _____ _____ Telephone: _____
<i>Approximate date range that hours were completed during (example: 1/1/15 – 3/10/15):</i> _____	

Please indicate this applicant's observation of the following procedures (Students should be provided the opportunity to observe in each of these categories):

Adult Prophylaxis w/Radiographs	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
Child Prophylaxis w/Radiographs	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
SC/RP	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
Periodontal Maintenance	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
Room Set-up	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
Room Breakdown	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe
Room Turn-over	<input type="checkbox"/> Observed >10 times	<input type="checkbox"/> Observed 1-10 times	<input type="checkbox"/> Did not observe

Please evaluate this applicant utilizing the provided scale:

Arrives on time:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is motivated; shows interest:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Dressed appropriately; is disciplined:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Ability to communicate:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Professional demeanor:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

OPTIONAL: Please elaborate on any information provided above or feel free to provide any further information you would like to include in consideration of this candidate (please use the back of this form for additional space):

LOG OF OBSERVATION HOURS

<i>Date</i>	<i>Hours</i>	<i>Initials of Supervisor</i>

I hereby verify that this applicant has met the above requirements and understand that I may be briefly contacted regarding the provided information. Under the Federal Education Rights and Privacy Act of 1974, I understand the student will have access to this form as part of their educational record.

Registered Dental Hygienist Signature: _____ Date: _____