



### UNC Dental Hygiene Shadowing Form

**Applicant Name (Please Print):** \_\_\_\_\_

**Registered Dental Hygienist Observed (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Office Address:** \_\_\_\_\_

Date	What you observed	Hours
	<input type="checkbox"/> Adult Prophylaxis <input type="checkbox"/> Child Prophylaxis <input type="checkbox"/> Radiography <input type="checkbox"/> SC/RP <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Sterilization <input type="checkbox"/> Room set-up/breakdown <input type="checkbox"/> Other: _____	

#### Applicant Evaluation

<i>Professionalism</i>	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
<i>Communication skills</i>	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

**Registered Dental Hygienist Observed (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Office Address:** \_\_\_\_\_

Date	What you observed	Hours
	<input type="checkbox"/> Adult Prophylaxis <input type="checkbox"/> Child Prophylaxis <input type="checkbox"/> Radiography <input type="checkbox"/> SC/RP <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Sterilization <input type="checkbox"/> Room set-up/breakdown <input type="checkbox"/> Other: _____	

#### Applicant Evaluation

<i>Professionalism</i>	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
<i>Communication skills</i>	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

**Upload this document with your Application Supplement**