Job Shadowing Instruction Form

Job shadowing has become an important part of the educational process. Career decisions are never easy and job shadowing allows you to explore fields that interest you. Shadowing a dental hygienist in an office setting provides opportunity to individualized time with the professional to answer any questions about what it means to work in dental hygiene. Job shadowing is beneficial to potential students, solidifying it as a mandatory requirement to apply for the University of Pittsburgh School of Dental Medicine Dental Hygiene Program.

All students wanting to be considered for the Dental Hygiene Program must complete a total of 15 hours of job shadowing with a dental hygienist prior to applying for the program. It is recommended that student select two different offices to provide a basis of comparison. All aspects of this form must be completed or you will not receive credit for your job shadow experience. Please make copies of the following form for each location you visit.

Please remember that the dental office is a health care facility and the dentist and the patient grant all observations. It is extremely important to follow all directions given and to observe strict confidentiality in all experiences with patients.
UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE
DENTAL HYGIENE PROGRAM
APPLICANT SHADOWING FORM

Applicants to the Dental Hygiene Associate Degree Program must use this form to document their 15 hours of shadowing.

APPLICANT NAME: LAST       FIRST
___________________________________________________________________________________________

STREET ADDRESS
___________________________________________________________________________________________

CITY                                                STATE                        ZIP CODE                 COUNTRY

SHADOWING VERIFICATION

To the dentist and dental hygienist: Thank you for your willingness to assist this applicant in his/her familiarization with the dental hygiene profession.

The applicant named above completed _______ hours of observation in this office on _________________ (date).

If other than general practice, please specify specialty: ________________________________

All comments are welcome:

Dental Hygienist’s Signature _________________________________________

Office Address _____________________________________________________

Office Telephone (______) _________________________