

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.

Please return the following form to the below address.

Angelina E. Riccelli, RDH, MS
Associate Professor and Director
Dental Hygiene Program
University of Pittsburgh
School of Dental Medicine
B-80 Salk Hall
3501 Terrace Street
Pittsburgh, PA 15261

UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE
DENTAL HYGIENE PROGRAM
APPLICANT SHADOWING FORM

Applicants to the Dental Hygiene Certificate 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

(_____) _____