

Tennessee Wesleyan Department of Dental Hygiene requests each applicant observe a dental hygienist in practice as part of the application process. The purpose of this observation is to help prospective students more fully comprehend the role of a dental hygienist before deciding to pursue a career in dental hygiene.

Observing Applicant Date			
Dental Hygienist's Signature (Minimum of 16 Hours)	Length of Observation		
Institution of graduation			Date of Graduation
Hygienist's Work Address:			
Address			
City	State	Zip	Phone
Name of Supervising Dentist			
<u>Applicar</u>	nts with Dental Assisting or	Dental Office Work Expe	<u>erience</u>
	(Observation waived with	signature of employer)	
Applicant			Date
Street			
City Phone	State	Zip	
Name of Supervising Dentist			