**Dental Hygienist**

**Shadow Verification**

Thank you for allowing this prospective RDH student to observe your dental practice as part of their job shadow experience. This opportunity is a required prerequisite for entry into the Dental Hygiene program at Clayton State University.

This hands-on experience not only helps the student gain a better understanding of the profession, but it also supports their success by creating a direct connection between clinical practice and academic learning. Observing real-world applications enhances their comprehension of the concepts discussed in the classroom.

At the end of the job shadow experience, please complete the verification form provided. The student will be responsible for submitting it to the college.

**Thank you** once again for your support in this important step of their education.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of shadowing hours: \_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of shadowing experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Practice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Techniques/procedures observed ~~and/or shadowing experience included~~:

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**Registered Dental Hygienist (Print Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Personnel Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form can be signed by any team member including RDH/Dentist

**Thank you for your support of the Dental Hygiene Program at Clayton State University.**