

EMPLOYMENT or VOLUNTEER or OBSERVATION FORM

One of the following three options is required for applicant eligibility.

1. DENTAL OFFICE EMPLOYMENT VERIFICATION:

(20 hours minimum of paid employment)

INCLUSIVE DATES OF EMPLOYMENT: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

JOB DESCRIPTION: _____

EMPLOYER'S SIGNATURE: _____

2. DENTAL OFFICE VOLUNTEER EXPERIENCE VERIFICATION:

(20 hours minimum of volunteer work in dental setting(s))

TOTAL HOURS AT SETTING #1: _____

SUPERVISOR'S NAME AT SETTING #1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

VOLUNTEER ACTIVITIES: _____

SUPERVISOR'S SIGNATURE: _____

TOTAL HOURS AT SETTING #2: _____

SUPERVISOR'S NAME AT SETTING #2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

VOLUNTEER ACTIVITIES: _____

SUPERVISOR'S SIGNATURE: _____

NOTE: The employers listed above may be contacted for verification.

3. OBSERVATION OF DENTAL HYGIENISTS IN PRACTICE: The dental hygiene department admissions committee requires that each student applicant without significant dental office work or volunteer experience in dental settings (see sections 1 & 2 above for descriptions) observe **dental hygienists** in practice. Observing dentists in practice, while a worthwhile activity, does **not** meet this requirement.

Applicants with significant dental office work or volunteer experience in dental settings (offices or clinics) are not required to meet this requirement.

The observation experience (for applicants without experience) must be a minimum of 20 hours in one or more settings (offices or clinics).

We encourage applicants (whether they have significant dental backgrounds or not) to observe for 1-3 hours at the EWU dental hygiene clinic, if possible. An appointment should be made with the front office staff during fall or spring semester (509) 828-1300. Professional dress is requested.

DATE OF VISIT	NO. OF HOURS	ACTIVITIES OBSERVED	HYGIENIST'S SIGNATURE, OFFICE ADDRESS, AND PHONE#

NOTE: The hygienists listed above may be contacted for verification.
The information on this form can be handwritten.