

<u>DENTAL HYGIENE PROGRAM</u> 2015 PRE-ADMISSION OBSERVATION FORM

Submit this completed document by fax* or mail to:

SUNY Orange
Office of Admissions
115 South St
Middletown, NY 10940

*Fax: 845-342-8662

This form must be filled out by students wishing to be considered for entry into the Dental Hygiene Program and must be returned to the Admissions Office by the application deadline (February 1st, 2015).

1. <u>NAME</u> :	□Mr □Ms	First		Middle				Last	
2. YOUR STUDENT ID# (if known): A									
4. <u>MAILIN</u>	IG ADDRES	<u>S</u> :	er and Street		Cit	y		State	Zip Code
5. TELEPHONE: Area Code and Number					6. E-MAIL :				
A pre-ent observati		uirement	into the Denta	al Hygiene Progran	m is the con	npletion	of 16 hour	s (minimum)	of clinical
clinical s	<mark>settings</mark> (e	g., pedod	ontis, periodo	inical observations ontist, prosthodonti A HYGIENIST (R	st, general p				
Date	From (Time)	To (Time)	Hours in Attendance	Doctor Name, Address and Tele	phone #	Clinical	Setting	RDH Signa	ture
employee breach of	es, is cons f professio	idered co onal ethic	nfidential. Dis s. Your signat	ny information sha sclosure of such in ure on this form in and staff at these pra	formation to plies that y	o unautho	rized indiv	iduals will be	considered a
Signature	e of Stude	nt			Date				