



**Dear Dental Hygiene Student:**

After you are selected through the petition process and prior to starting the technical core courses of the Dental Hygiene program, you will be required to complete a four-hour job shadow in a dental office or at the MATC Dental Hygiene Clinic. The purpose of this requirement is to ensure that you have an opportunity to observe a Dental Hygienist in practice prior to committing to the profession.

Select **one of two** available options to complete this requirement. Obtain all required signatures on the form attached and upload the completed form to your Certified Profile. It is highly recommended that you keep the original form in your personal files.

**Please select one of the following choices to complete this requirement:**

**Dental Office Observation:** Please select a dentist's office convenient to you that employs a dental hygienist. Call to request observation time. Answer the two questions for the job shadow and have the hygienist complete the form accordingly.

OR

**MATC Dental Hygiene Clinic Observation:** Call the Dental Hygiene Clinic at 414-297-6573 to request observation time. Answer the two questions for the job shadow and have the hygienist complete the form accordingly.

If you have any questions or concerns regarding the job shadow requirement, please contact your Dental Hygiene faculty advisor or the Dental Hygiene Department Chair for more information.

We look forward to helping you meet your educational goals.

Sincerely,

School of Health Sciences



**MATC Dental Hygiene Clinic or Dental Office Job Shadow Form**

**Student Instructions:** Schedule four hours to observe a Dental Hygienist in practice at either the MATC Dental Hygiene Clinic or a Dental Office in your community. Obtain the required signature and upload the job shadow form to your Certified Profile after you are selected through the petition process to begin the core technical portion of the program.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name and address of site selected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following about your observation:**

1. Describe what you observed about the job of a Dental Hygienist that you didn't already know:
  
  
  
  
  
  
  
  
  
  
2. How did your observations influence your decision to become a Dental Hygienist?

<b>RDH Instructions:</b> Please complete this form as appropriate and return to the student.	
_____ has met the four hour job shadow requirement. (Student name- please print)	
_____	_____
RDH Signature from Dental Office or MATC Instructor	Date