

Clinical Observation Form

The Department of Dental Education at IPFW is pleased to have received your application for entrance into the Dental Assisting Program. This completed form must be returned to the Dental Education suite located in Neff 150 by March 1st. *You must submit this completed form as partial fulfillment to the Dental Assisting Program.

Instructions:

1. Contact two GENERAL dentist offices to arrange a day and time for you to shadow (observe in a clinical setting) a chairside dental assistant. You will arrange a time lasting approximately two hours for each visit.
2. We ask that you arrive at each office wearing clean, professional clothing. No jeans, ripped or revealing clothing, etc. Casual Docker-style pants and casual-dress shoes are acceptable.
3. This is for observation of the dental assistant only. You should not have any contact with the patients and must respect their right to privacy and confidentiality.
4. Please complete both sides of this form (print or type) after each observation.
5. Please send a thank you note to the dental offices in which you observed.

* * * * *

Signature of Participating Chairside Assistant _____

Signature of Participating General Dentist _____

Date you shadowed _____ Time you shadowed _____ - _____

1. After observing a chairside dental assistant, explain her/his responsibilities. _____

2. How did your observation provide you with adequate information to make a career choice in dental assisting? _____

Signature of Applicant

Date