INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE
DENTAL HYGIENE PROGRAM

OBSERVATION VERIFICATION FORM
Deadline: February 1st

Note: Applications will not be processed until this form has been received by the IPFW Dental Hygiene Program.

Please complete this form and return (in person, by mail or fax) to:
Dental Hygiene Program
Indiana University-Purdue University Fort Wayne
2101 E. Coliseum Blvd, Neff 150
Fort Wayne, IN 46805-1499
Fax: 260-481-4162

Applicant Name:________________________________________

Option #1 - Applicants with Dental Assisting or Dental Office Work Experience
(Observation waived with signature of employer)

Dental Office Name and Address: Dates of Employment:______________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Signature of Employer Dentist Date

Signature of Applicant Date

Option #2 - Applicants without Dental Assisting or Dental Office Work Experience
One – four hour or two – two hour dental hygiene observations are required. Additional hours are not necessary when completing this form.

Date of observation:_________________________ Number of Hours:______________

Dental Office Name and Address:
___________________________________________________________
___________________________________________________________
___________________________________________________________

Signature of Dental Hygienist Date

Signature of Applicant Date