INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE
DENTAL HYGIENE PROGRAM

OBSERVATION VERIFICATION FORM
Deadline: Friday, February 1st, 2017

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: ____________

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______________________________________________________________

______________________________________________________________

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