UC Blue Ash College
We make it possible. You make it happen.

UC Blue Ash College Dental Hygiene Program
Pre-Admission Observation / Work Experience Form

SECTION 1: Instructions for the Applicant

This pre-admission form is for students wishing to be considered for entry into the UCBA Dental Hygiene Program. It is a required part of the Dental Hygiene Application and must be submitted along with the application. Carefully read the instructions below:

- The applicant seeking admissions into the UCBA Dental Hygiene Program is required to visit 2 dental offices for 8 hours (minimum of 4 hours each) for the purpose of observing behind-the-scenes operations and the role of the dental hygienist in that office.
- The applicant is responsible for contacting dental offices and arranging an appointment convenient to the dentist, dental hygienist and other personnel. Please dress appropriately in business attire.
- Applicants may also be a patient in our Dental Hygiene Clinic for part of their observation hours. Please visit our Clinic's website for additional information, or call (513) 558-9589 to schedule an appointment. Please note that appointments in the Clinic may last for two or three sessions. As a patient you will be required to attend each session, but only 4 hours of your time will be counted towards observation hours.
- The applicant must obtain the signature of the dental hygienist with whom he/she will observe or obtain the dentist's signature from each office. The dentist/dental hygienist must complete Section 3.
- If the applicant is employed by the dentist then the dentist's signature is required, and no other observations are necessary. The dentist must complete Section 3.
- The applicant must complete Section 4. Once Section 3 and 4 are complete scan page 2 of all observation forms into one PDF document and save (taking a picture of the forms is not recommended due to the file size). This document will need to be uploaded with the electronic selective admissions application. Please visit UCBA's Technology Resources if you need help uploading the forms.
- Section 5 is to be completed and submitted with Sections 3 and 4 if you have any healthcare employment experience.

SECTION 2: Note to Dentist / Dental Hygienist

Dear Doctor/Dental Hygienist,

We appreciate your willingness to assist this applicant to better understand the dental hygiene profession. This document will be given consideration as a factor in the applicant's admission to the program. Your feedback is greatly appreciated. Please complete Section 3 on the next page. Again, we are very grateful for your time.

UCAB Dental Hygiene Program
9555 Plainfield Road, Blue Ash, OH 45236
(513) 558-9478

SECTION 3: To be completed by the Dentist / Dental Hygienist

OFFICE INFORMATION

Name of Office: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

OBSERVATION INFORMATION
*Applicant **without** Dental Assisting or Dental Office Experience*

Date of Observation: _____

Hours of Observation: _____

OR

EMPLOYMENT INFORMATION
*Applicant **with** Dental Assisting or Dental Office Experience*

Date of Employment:

From _____ **to** _____

APPLICANT INFORMATION

1. Please check the experiences of this applicant or employee:

- ☐ Scaling and polishing
- ☐ X-ray placement and processing
- ☐ Administration of local anesthesia
- ☐ Sterilization / Infection control
- ☐ Placement of sealants
- ☐ Fluoride application
- ☐ Taking of impressions
- ☐ Soft tissue management
- ☐ Placement of restorations
- ☐ Assisted chairside
- ☐ Performed reception/secretary duties
- ☐ Other (please specify below):

_____

2. Please circle the response that best describes the applicant's performance during their employment at your office:

The applicant is a dedicated worker.	☐ Agree	☐ Disagree
The applicant presents a professional demeanor.	☐ Agree	☐ Disagree
If an **observer**, did they observe unobtrusively	☐ Agree	☐ Disagree
If an **employee**, are they capable of additional/expanded duties.	☐ Agree	☐ Disagree

Any additional comments:

_____ _____

Dentist/Dental Hygienist Signature **Date**

SECTION 4: Applicant's Information

_____ _____

Applicant's Name (Print Full Name) Date

_____ _____

Applicant's Signature Applicant's M#

SECTION 5: Healthcare Employment

Healthcare Experience:

This experience was as an employee: ☐

Type of Setting: _____

Location Name: _____

Address: _____

_____

Amount of Experience:

- ☐ Less than one year
- ☐ 1-4 years
- ☐ 5+ years

Contact Information:

Name: _____ Email: _____

Email: _____

Phone Number: _____

Healthcare Experience:

This experience was as an employee: ☐

Type of Setting: _____

Location Name: _____

Address: _____

_____

Amount of Experience:

- ☐ Less than one year
- ☐ 1-4 years
- ☐ 5+ years

Contact Information:

Name: _____ Email: _____

Phone Number: _____

Healthcare Experience:

This experience was as an employee: ☐

Type of Setting: _____

Location Name: _____

Address: _____

_____

Amount of Experience:

- ☐ Less than one year
- ☐ 1-4 years
- ☐ 5+ years

Contact Information:

Name: _____ Email: _____

Phone Number: _____

☐ I verify that the above information is accurate.

Signature: _____ **Date:** _____