Dental Hygiene Observation Hours
Verification Form

Lone Star College Kingwood Dental Hygiene Program

Our Dental Hygiene Program requires 40 hours of Dental Hygiene Observation. These Observation hours cannot occur in an office where you are employed. These observation hours MUST occur between the following dates to be considered current for this application process: May 1, 2015 through February 1, 2016. The application is not complete without these hours of observation.

Name of Applicant: __________________________  Lone Star College ID#: ________

Date of Observation: _________________________  Total Hours Observed: ______
Name of Office/Facility: ___________________________________________________
Address of Office: _______________________________________________________
Contact Phone Number: __________________________________________________
Name of Hygienist: ___________________________  State _____  License No. ______
Hygienist Signature: ___________________________  Date: ____________________
_____________________________________________________________________

Date of Observation: _________________________  Total Hours Observed: ______
Name of Office/Facility: ___________________________________________________
Address of Office: _______________________________________________________
Contact Phone Number: __________________________________________________
Name of Hygienist: ___________________________  State _____  License No. ______
Hygienist Signature: ___________________________  Date: ____________________
_____________________________________________________________________

Date of Observation: _________________________  Total Hours Observed: ______
Name of Office/Facility: ___________________________________________________
Address of Office: _______________________________________________________
Contact Phone Number: __________________________________________________
Name of Hygienist: ___________________________  State _____  License No. ______
Hygienist Signature: ___________________________  Date: ____________________
_____________________________________________________________________

Total Number of Observation Hours Submitted: __________

Signature of Applicant: _______________________  Date: ____________________