



DENTAL OFFICE OBSERVATION VERIFICATION

This form is used to provide verification of the required 8-hour observation in a dental office for students looking to begin College of Western Idaho's [Dental Assisting](#) program.

- This form must be completed and submitted prior to the start of classes.
- Observation hours are valid for two years from the date of completion.

EMAIL COMPLETED FORM to Missy Rytting at missyrytting@cwidi.edu.

OBSERVATION INSTRUCTIONS

- **Scheduling:** Observation hours are scheduled and completed at a dental office of your choice.
- **Dress:** Business casual attire is recommended. Please avoid jeans, shorts, flip-flops, tank tops, t-shirts, and sneakers.
- **Professional Conduct & Confidentiality:** Ensure your conduct reflects professionalism and patient confidentiality is upheld during the observation.
- **Patient Procedures:** Observe various procedures performed by a dental assistant.
- **Interactions:** Take note of the interactions between the dental assistant(s), dentist(s), and patient(s).
- **Thoughtful Questions:** To deepen your understanding of the responsibilities and demands of this profession, be sure to ask thoughtful questions.

STUDENT INFORMATION

LAST NAME	FIRST NAME	M.I.
ADDRESS	CITY	STATE ZIP
DATE OF BIRTH	PHONE	

OBSERVATION DETAILS

DATE OF OBSERVATION (MM/DD/YYYY): _____ TOTAL HOURS COMPLETED: _____

DENTAL OFFICE			
ADDRESS	CITY	STATE ZIP	
PHONE		-	

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Please complete the following questions about your observation:

RESPONSIBILITIES OF THE DENTAL ASSISTANT

What are some of the daily responsibilities of the dental assistant you observed?

What other job duties did you observe related to dental office management and teamwork?

PATIENT APPOINTMENTS

What different dental procedures did you observe?

What were the duties of the dental assistant during these procedures?

WORK ENVIRONMENT

What is the length of the workday and work week for dental assistants in this office?

WORK ENVIRONMENT *(continued)*

Who are the other members of the dental team, and what are their general responsibilities?

DENTAL ASSISTING PROFESSION

What are the advantages of a career in dental assisting?

What are some of the disadvantages of the profession?

What did you value most about your observation experience?

Can you see yourself pursuing a career as a dental assistant?



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DENTIST ACKNOWLEDGEMENT

DENTIST NAME

SIGNATURE

DATE

DENTAL ASSISTANT ACKNOWLEDGEMENT

DENTAL ASSISTANT NAME

SIGNATURE

DATE

STUDENT ACKNOWLEDGEMENT

SIGNATURE

DATE