

Dental Assisting

College of Eastern Idaho
Dental Assisting Program
Dental Office Observation Form

Dental Assisting applicants are required to do **4 observation hours** as part of the application process.

Please print the following information:

Name _____ Date Observed _____

Dental Office _____ Address _____ Phone _____

Dentist _____

Dental Assistant (s) _____

Hygienist (s) _____

Front Office Staff _____

Hours Observed _____

Who did you observe _____

What tasks/procedures did you observe?

Dental Office Staff Signature _____ Date _____

What if anything, stood out to you most? _____

