



## Tyler Junior College Dental Hygiene Program 2025 Pre-Admission Observation Instructions

The attached form must be completed by students wishing to be considered for entry into the TJC AAS Dental Hygiene Program and must be scanned and submitted online with other required documents for admission by the application deadline. **Take this form with you when you go for your observation session to a dental office. Ask the dental hygienist to complete the attached page(s).**

**Note: If documentation of observations is deemed fraudulent, the applicant's eligibility for admission will be revoked and the application will not be processed.**

**Hours observing a dentist or dental assistant (regardless of the procedure observed) WILL NOT COUNT towards required observation hours.**

### Carefully read the instructions below:

- Each applicant seeking admission into the TJC Dental Hygiene Program will be required to observe two or three dental hygienists in at least two different dental offices for the purpose of observing behind-the-scenes operations and the role of the dental hygienist in that office. Applicants must submit proof of **12 total hours of observation**. Eligible dental offices include general, periodontal, and pediatric dental practices. Each office visit will require a minimum of 3 hours of observation. One of the dental offices where observations are completed **MUST** be a general dentist office.
- Each applicant is responsible for contacting dental offices and arranging an appointment convenient to the dentist, dental hygienist and other personnel. When you go for your visits, you will be expected to dress in a manner appropriate for the respective professional environment where you will be observing. If the dental office requires scrubs to be worn, please be sure scrubs are clean and wrinkle free. If the dental office attire is something other than scrubs, please dress appropriately. Do not wear blue jeans, tank top shirts or sandals of any type.
- **Observation hours must be newly completed for each application period.** Observation cannot be carried over to the next application period. Hours intended for use during the 2025 application period must have a **completion date on or after Feb 16, 2024.**
- The specific procedures listed on the form are recommended but not required. You are not required to observe all of the different procedures listed on the form, if those procedures are not scheduled during the day of your observation. Just observe as many different procedures as possible, during your scheduled time.
- **You must obtain the dental hygienist's signature and a business card from each office. The business cards from each office must be attached to the completed observation form and clearly visible on your scanned PDF, for verification purposes.**
- Once the form is complete, it must be scanned and saved as a PDF file and uploaded with other required documents, online.

## Tyler Junior College Dental Hygiene Program 2025 Pre-Admission Observation Form

Student Name (print): \_\_\_\_\_ Student TJC ID Number: A \_\_\_\_\_

**Office Name at 1st Location:** \_\_\_\_\_

Date	Procedure	Dental Hygienist's Name (Printed)	Dental Hygienist's Signature	RDH License #
	<input type="checkbox"/> Routine Cleaning: CPC 01110 <input type="checkbox"/> Periodontal Scaling: CPC 04341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			

**Total Number of Hours Observed at 1st Office** \_\_\_\_\_

Place 1st Office  
Business Card Here

**Office Name at 2nd Location:** \_\_\_\_\_

Date	Procedure	Dental Hygienist's Name (Printed)	Dental Hygienist's Signature	RDH License #
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			

**Total Number of Hours Observed at 2nd Office** \_\_\_\_\_

Place 2nd Office  
Business Card Here

**NOTE:** Appropriate attire that is clean and wrinkle free should be worn while observing in any dental office.

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Student Name (print): \_\_\_\_\_ Student TJC ID Number: A \_\_\_\_\_

**Office Name at optional 3rd Location:** \_\_\_\_\_

Date	Procedure	Dental Hygienist's Name (Printed)	Dental Hygienist's Signature	RDH License #
	<input type="checkbox"/> Routine Cleaning: CPC 01110 <input type="checkbox"/> Periodontal Scaling: CPC 04341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			
	<input type="checkbox"/> Routine Cleaning: CPC 1110 <input type="checkbox"/> Periodontal Scaling: CPC 4341 <input type="checkbox"/> Other: CPC _____			

**Total Number of Hours Observed at Optional 3rd Office** \_\_\_\_\_

Place 3rd Office  
Business Card Here

NOTE: Appropriate attire that is clean and wrinkle free should be worn while observing in any dental office.