



DENTAL HYGIENE PROGRAM

Must be submitted by February 15 with application (if required)

_____ observed in my office on _____ for _____ hours.
(name)

Certified by: _____

Address: _____

Phone: _____

Student should provide a description of the procedures observed

_____ observed in my office on _____ for _____ hours.
(name)

Certified by: _____

Address: _____

Phone: _____

Student should provide a description of the procedures observed