

**DENTAL ASSISTING PROGRAM
Shadowing Form**

The purpose of the clinical shadowing day (four hours minimum) is to provide students with a better understanding of the routine activities and typical duties of a dental assistant. Shadowing must be completed prior to the clinical application deadline – May 1.

Student Name: _____

Dentist Name: _____

Dentist Office Address: _____

Date of Visit: _____ Arrival Time: _____ Hours Completed: _____

Please provide a short description of those procedures observed during your shadowing experience and what parts of assisting interest you the most.

Name of Chairside Assistant Shadowed: _____

Signature of Chairside Assistant: _____

Student Signature: _____

This completed form may be mailed or fax to: Dental Assisting Program Director, SM 104, One HACC Drive, Harrisburg, PA 17110 Fax: (717) 780-1170

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