



40-HOUR DENTAL HYGIENIST OBSERVATION VERIFICATION

*USE SEPARATE LINE FOR EACH OBSERVATION DATE. DO NOT GROUP DATES TOGETHER

* Date	Hours Completed	Name of Dental Facility	Dental Facility Phone Number	Name of Registered Dental Hygienist <small>(Please Print)</small>	Verification Signature of Registered Dental Hygienist

Applicant's Name (Please Print): _____

Applicant's Signature: _____