DENTISTRY
TEXAS A&M UNIVERSITY

Clinical Observation of a Dental Hygienist Verification Sheet

Name _____ Last 4 digits SS# - | | | | |

Date	Name of Office Observation Took Place In and Telephone Number	Name of Dental Hygienist Observed and Signature	Number of Hours Observed

Reflection on this observation should be included in your biographical sketch. This form must be received in the Office of Recruitment and Admissions no later than February 1. 16 hours minimum observation required.