

Name: _____

MyUTH ID: _____

SHADOWING FORM
(Min. 20 Hours Required)

Name of Dental Office	Phone Number of Office w/ Area Code	Date of Observation	Printed Name of Dental Hygienist	Dental Hygienist Signature	Hygienist License Number / State	Number of Hours

Applicants must complete 20 hours shadowing a registered dental hygienist(s). Shadowing a dentist will not be accepted for any portion of the 20 hours