COC Dental Assisting Program
General Dental Office Observation Form

**Note to applicant:** It is important to observe all aspects of the dental office, from the interactions of the front desk personnel to the dentist performing procedures while the assistant suctions and transfers instruments! Spend some time watching the role of each individual and note how everyone works together toward the goal of excellent patient care. *Also, discuss the importance of professionalism and communication with the dental office personnel.* Verify your twelve hours of observation experience with this form and e-mail it to rmeyers@cocc.edu. Deadline for submission is September 16, 2016.

Dear Doctor and Dental Staff:

I am currently registered in the COCC Dental Assisting Program beginning Fall Term 2016 and am required to observe the work environment of a dental assistant for a minimum of twelve hours.

Thank you for allowing me the opportunity to observe your dental practice.

Student Name: ___________________________ Observation Date: ________________
Dental Office: ___________________________ Observation Hours: ______________
Office Contact: _________________________ Office Phone: ___________________
Doctor/Staff Observation Verification Signature: __________________________________

Topics to Discuss with the Dentists and Dental Staff:

- What traits/characteristics do you look for when hiring a dental assistant? (Professionalism, Work Ethic, Attitude, Adaptability, Certifications)

- How important is communication in your practice? (Verbal, Written, Team Player)

- See back of this page for further instructions.
COC Dental Assisting Program
Procedure Observation Form

Twelve hours of observation to include the following procedures:

Preparing for Patient Care:

_____ Operatory set-up/breakdown
_____ Instrument Sterilization
_____ Seating/Dismissing Patient
_____ Patient Communication

Delivering Dental Care:

_____ Patient history
_____ Patient exams
_____ Radiographs
_____ Dental Procedures (For example: restorations, extractions, crown preps, root canals)
_____ Doctor/Assistant/Patient Communication

Front Office Procedures:

_____ Patient Charts
_____ Patient Scheduling
_____ Phone Conversations
_____ Patient Communication

Dental Hygiene Care:

_____ Patient Dental Hygiene care
_____ Patient Communication

In Conclusion:

Write a short reflective paragraph about your observation experience. Do you think dental assisting is the career for you?

With my signature, I certify that the information on this form is true and accurate. I authorize the college to contact the individual(s) listed on this form to verify the information provided.

Student Signature: _______________________________ Date: _________________________