

OZARKS TECHNICAL COMMUNITY COLLEGE

Dental Programs Observation Form

A. Confidentiality Statement (to be completed by the applicant)

Applicant's Name _____

Address: _____ City/State/Zip _____

As part of the admissions process, Dental Program student applicants are required to spend **24 hours** of observation time in a general dental office. Please telephone a dental office and make arrangements with the office representative for a convenient time. The majority of the hours should be spent observing the chairside dental assistant, but you should also observe the role of the other dental team members. The hours can be divided among multiple dental offices. Please ask the office representative what you should wear and if you should supply a laboratory coat in order to comply with infection control procedures.

As an observer in a dental practice, the student applicant will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, and responses to treatment, observation, or conversation with the patient. It is the policy of the OTC Dental Program to keep PHI confidential and secure.

BY MY SIGNATURE BELOW I acknowledge that I understand and agree to keep all PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

Signature of Applicant

Date

B. Verification (to be completed by the dentist or dental office representative)

As part of the admission process into OTC's **Dental Program**, student applicants are required to spend at least **24 hours** of observation time in a general dental practice. Thank you for your willingness to assist these potential dental program students and the Dental Program at Ozarks Technical Community College.

Check all that apply:

_____ Observed Dental Assisting Procedure(s)

_____ Observed Reception-Secretary Duties

_____ Observed Dental Hygiene Procedure(s)

_____ Observed Sterilization Procedures

_____ Other Duties Observed—please specify: _____

Note: Additional Comments can be written on the back of this form.

This is to verify that _____ (observer name) has visited the dental office of

Dr. _____ And observed the following types of Treatments/Techniques:

Date, Time of Observation, and Total Hours completed:

Dental Team Comments:

Note: Additional Comments can be written on the back of this sheet

Signature of Dentist _____ Date _____

Directions:

- Email to alliedhealth@otc.edu
- Fax to (417) 447-8806
- Hand-carry to Allied Health Office (Lincoln Hall, room 210)

The Allied Health Office does not hold Observation Hour forms that are older than 12 months.