



Division of Allied Dental Education
Dental Assisting Program Clinical Observation Form

The IUFW Department of Dental Education is pleased to have received your application. This completed form must be returned to the Department of Dental Education suite located in Neff Hall 150 by June 15. You must submit this completed form as partial fulfillment to the Dental Assisting Program.

Instructions

1. Contact two GENERAL dentist offices to arrange a day and time for you to shadow (observe in a clinical setting) a Certified Dental Assistant (CDA). Your observation should include at least two hours at each office.
2. We ask you arrive at each office wearing professional clothing. Avoid wearing jeans, ripped, or revealing clothing, etc. Casual Docker-style pants and casual-dress shoes are acceptable.
3. You are to observe a Certified Dental Assistant only. Avoid contact with patients and respect their right to privacy and confidentiality.
4. Print or type the form after each observation and have both the CDA and dentist sign.
5. Please send a thank you note to the dental offices in which you observed.

Applicant Name (print) _____

Applicant Signature _____ Date _____

Signature of CDA that you observed _____

Signature of General Dentist you observed _____

Date you shadowed _____ Time you shadowed _____ - _____

1. After observing a CDA, explain her/his responsibilities.

2. How did your observation help confirm dentistry as a career?
