

**MERIDIAN COMMUNITY COLLEGE  
VERIFICATION OF OBSERVATION HOURS  
FOR DENTAL HYGIENE PROGRAM**

I verify \_\_\_\_\_

has observed a Registered Dental Hygienist for a minimum of eight (8) hours in partial fulfillment of requirements for the Dental Hygiene Program at Meridian Community College.

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Signature of Dentist or RDH: \_\_\_\_\_

Office of: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please leave this form with the dental office to be signed by the hygienist or dentist and emailed back to [ctucker7@meridiancc.edu](mailto:ctucker7@meridiancc.edu)**

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_