



DOCUMENTATION OF JOB SHADOWING

Observation cannot take place in an office where the applicant is employed or in a teaching facility.

Applicant's Name _____

Office/Facility Name _____

Address & Phone _____

Name of Hygienist(s) Observed _____

Dates	Hours Observed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____ Total	

Please return by January 10th to:

Western Kentucky University
Department of Allied Health
Program of Dental Hygiene
1906 College Heights Blvd. # 11032
Bowling Green, KY 42101