

I verify _____ has observed a Registered Dental Hygienist for a minimum of four (4) hours in partial fulfillment of requirements for the Dental Hygiene Program at Meridian Community College.

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 returned to MCC via fax or email. It must be returned by the office.

This form will not be accepted from the applicant. Observation hours will not be accepted on any other form.

- Email: Cindy.Herrington@meridiancc.edu
- Fax: 601.581.3525