

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

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

has observed a Registered Dental Hygienist for a minimum of six (6) 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 to **ctucker7@meridiancc.edu** or

faxed back to MCC Dental Hygiene department at **601-581-3525**.

This form will not be accepted if hand delivered or mailed by the applicant.