

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

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.

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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 [cherrin4@meridiancc.edu](mailto:cherrin4@meridiancc.edu) or faxed back to MCC Dental Hygiene department at 601.581.3525. This form will not be accepted if hand delivered by applicant.**

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