



DENTAL ASSISTING PROGRAM Shadowing Form

The purpose of the clinical shadowing day (four hours minimum) is to provide students with a better understanding of the routine activities and typical duties of a dental assistant. Shadowing experience must be completed, and documentation submitted, prior to the clinical application deadline – **April 30** – to receive points.

Student Name: _____

Dental Office: _____

Dentist Office Address: _____

Date of Visit: _____

Arrival Time: _____

Hours Completed: _____

Please provide a short description of those procedures observed during your shadowing experience and what parts of assisting interest you the most.

Name of Chairside Assistant Shadowed: _____

Signature of Chairside Assistant: _____

Student Signature: _____

This completed form may be mailed, faxed, or emailed to:

Attn: Dental Assisting Program, SM
114E, One HACC Drive, Harrisburg,
PA 17110 Fax: (717) 780-1170
dentalassisting@hacc.edu

HACC does not discriminate in employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, sex, national origin, ancestry, disability, place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status, or any other legally protected classification.