MERIDIAN COMMUNITY COLLEGE

Dental Hygiene Technology
Verification of Observation Hours

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

- **Email: Cindy.Herrington@meridiancc.edu**
- **Fax: 601-581-3525**