



Hall Campus  
2535 Lanier Tech Drive  
Gainesville, Georgia 30507  
Admissions (770) 533-7008  
DHYG Dept. (770) 533-6936

**Dental Experience Form 2024-2025**

**Applicant Name:** \_\_\_\_\_

**Dental Experience is one of the criteria measured for admission to the dental hygiene program at Lanier Technical College. Please accurately indicate below the hours the applicant has participated with your office.**

**Chairside Dental Assistant** **Hours** \_\_\_\_\_

The applicant primarily worked chairside with the dentist providing four-handed dentistry during patient care.

**Chairside Hygiene Assistant** **Hours** \_\_\_\_\_

The applicant primarily worked chairside with the hygienist providing direct assistance during patient care. This category includes providing suction during treatment.

**Observation / Shadowing** **Hours** \_\_\_\_\_

The applicant did not directly assist with patient care. This category includes operatory set up and break down, sterilization of instruments, and indirectly observing treatment provided by a dentist or dental hygienist.

Dental Practice \_\_\_\_\_

Dentist Name (printed) \_\_\_\_\_

Dentist Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_