



DAKOTA COLLEGE
**CAREER & TECHNICAL
EDUCATION CENTER**

Dental Assisting Observation Form

The application process to the Dakota College Bottineau's Dental Assisting Program requires applicants to observe a dental assistant in at least two separate dental practices for four hours in each practice.

Dental Practice 1

Student Name (print name) _____

I have observed the dental assistant at the following dental practice for four hours.

Name of Practice or Dentist _____

Address of Dental Practice _____

Name of Dental Assistant Observed _____

Signature of Dental Assistant _____

Signature of Student _____

Dental Practice 2

Student Name (print name) _____

I have observed the dental assistant at the following dental practice for four hours.

Name of Practice or Dentist _____

Address of Dental Practice _____

Name of Dental Assistant Observed _____

Signature of Dental Assistant _____

Signature of Student _____

This form must be submitted by the application deadline of **May 15** of the year you wish to be considered.

Submit to the dental assisting program director at kristie.pladson@dakotacollege.edu.