

## Proof of Observation Form

Please submit a copy of this completed form to the IUN Dental Education Department **by the Feb. 1 application deadline**. Questions can be directed to Dawn Marciniak at 219-980-6770.

The form may be emailed to [dmarcini@iu.edu](mailto:dmarcini@iu.edu), or sent to:

IUN Dental Education  
3400 Broadway Dunes 1180  
Gary, IN 46408

## Confidentiality Agreement

As an applicant to the Dental Hygiene Program at Indiana University Northwest, I agree to hold all patient records, treatment, and conversations as confidential. If patient confidentiality is breached in any manner, I understand that I will not be considered for admission to the Dental Hygiene Program.

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Signature of student

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Date

## Proof of Observation

In order to verify observation, the dental hygienist under whom the student observed must complete this form. IUN Dental Education is sincerely grateful to the dentist, dental hygienist, and their staff for allowing prospective students to observe in the dental office and for taking the time to complete this form.

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Please print name of student

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Please print name of dental hygienist

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Signature of dental hygienist

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Name of dental practice

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Office phone number

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Date

