

**Applicants are eligible for up to 3 points on Phase I of their application for completing treatment and/or 3.5 hours of shadowing at the PCC Dental Clinic.**

- Treatment and/or shadowing must be completed by the end of the PCC winter term, prior to the application deadline. Completion of treatment means that applicants have participated in the entire dental hygiene process of care, including a full teeth cleaning from start to finish. Each appointment is approximately 4 hours and may require multiple visits.
- All required documentation must be uploaded to your DHCAS online application by 8:59pm PST by the application deadline. Documentation submitted after the deadline will not be considered.
- Optional: applicants may include a one-page typed reflection after their treatment and/or shadowing.

**Tips on how to connect with the PCC Dental Clinic:**

- Email [dentalclinic@pcc.edu](mailto:dentalclinic@pcc.edu) (emails will be returned within 48 business hours)
- Include in your email
  - Which program are you applying to (Dental Hygiene or Dental Assisting)
  - Which year you will be applying to the Dental Hygiene program (2026, 2027, etc.)
  - What type of experience you want to complete (shadowing/completing treatment)
  - Monday-Friday general availability
  - Most reliable phone number to contact you
- PCC's Fall, Winter, and Spring terms are the best terms to schedule at the PCC Dental Clinic. The PCC Dental Clinic is closed during the Summer term.
  - Anticipated Fall term availability is T/W/TH between 8:00am - 5:00pm
  - Anticipated Winter and Spring term availability M-TH between 8:00am - 5:00pm

**Optional - Reflect on your experience:**

Applicants may provide a one-page typed reflection and include it with their Dental Clinic Experience form. Completed reflections will not be considered for additional points.

- Describe the most memorable patient interaction either as the patient or that you witnessed and its impact on your understanding of the profession.
- Consider the communication skills, clinical procedures, and patient education provided during the appointment. How did this experience reaffirm your interest in dental hygiene, and what insights did you gain that you can apply in your future professional practice as a dental hygienist?
- Additionally, reflect on any challenges you observed and how you might approach similar situations differently. How do you envision this experience shaping your path towards becoming a skilled and compassionate dental hygienist?



PCC Dental Hygiene Program  
**PCC Dental Clinic Experience Verification Form**

**Part I: To Be Completed by The Applicant**

**Applicant Name:**

**Applicant Student ID Number:**

**G0**

By signing below, I certify that I have completed dental treatment and/or shadowing at the PCC Dental Clinic. I certify that I understand that providing false information on this form will result in nullification of my application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part II: To be completed by the Dental Clinic Coordinator or Dental Hygiene Lead Instructor**

Coordinator / Instructor Name:

Coordinator / Instructor Title:

Coordinator / Instructor Email Address:

**Applicant PCC Dental Clinic Experience Information**

Please select which of the following experience(s) the applicant completed:

☐ Shadowed for a minimum of 3.5 hours

☐ Completed Treatment

Date(s) of shadowing and/or treatment:

Total hours shadowing (if applicable):

Type of treatment (if applicable):

I verify that the above-identified applicant has either completed treatment and/or shadowed at the PCC Dental Clinic. PCC reserves the right to contact anyone listed on this form to verify that the information is true and correct. **Forms will not be accepted without a valid signature.**

**Coordinator / Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This page must be uploaded to the documents section of your DHCAS application.**