



PCC Dental Hygiene Program
PCC Dental Clinic Experience Form – Part I

Applicant Name:	Applicant Student ID Number: G0
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Applicants are eligible for up to 8 additional on Phase I of their application for completing treatment and/or 10 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. Completing treatment means that applicants have gone through an entire dental hygiene process of care which includes teeth cleaning from start to finish. Each appointment is approximately 4 hours and may require multiple appointments.
- All required documentation must be uploaded to your DHCAS online application by 8:59 pm PST by the application deadline. Documentation submitted after the deadline will not be considered.
- Submit a one-page typed reflection after your treatment and/or shadowing. See part II for more details.

Part I: To be completed by the Dental Clinic Coordinator or Dental Hygiene Instructor	
Coordinator/ Instructor Information	
Coordinator / Instructor Name:	
Coordinator / Instructor Title:	
Coordinator / Instructor Email Address:	
Applicant Information	
Please indicate if the applicant completed the following experience(s):	<input type="checkbox"/> Shadowed <input type="checkbox"/> Completed Treatment
Dates 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:** ____/____/____

Both pages of this form and your one-page reflection must be uploaded to your DHCAS account.

Part II: To Be Completed by The Applicant

Instructions:

Please provide a one-page typed reflection based on the prompt below and attach it to your DHCAS application with your Dental Clinic Experience form. If both experiences are complete, applicants may combine experience reflections in one document rather than writing two separate reflections.

Prompt:

Reflect on your recent experience at the PCC Dental Clinic.

- 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?

UPLOAD TIPS



Review Uploaded Documents

The uploading process may have altered your formatting. Please review before submitting.



Accepted File Types

.doc, .docx, .pdf, .rtf, .txt, .jpg, .jpeg, .png. The size limit for each file upload is 15MB.



Do Not Password Protect Your Documents

Protected documents will not be sent with your application.



Conceal Your Social Security Number (SSN)

Only use correction fluid or a redacting marker to conceal your SSN before uploading.

Tips on how to connect with the PCC Dental Clinic:

- Explore the Dental Clinic main webpage by visiting pcc.edu/dental-clinic/.
- Determine whether you would like to shadow a current dental hygiene student and/or if you would like to complete dental treatment.
- Call the Dental Clinic at 971-722-4909.
- Set up a time to visit for shadowing and/or complete dental treatment.

By signing below, I certify that I have completed dental treatment and/or shadowing at the PCC Dental Clinic. I certify that I have composed my one-page reflection without the use of artificial intelligence. I certify that I understand that providing false information on this form will result in nullification of my application and/or dismissal from the program.

Applicant Signature: _____ **Date:** ____/____/____

Both pages of this form and your one-page reflection must be uploaded to your DHCAS account.