

155 Fifth Street
San Francisco, CA 94103
www.dental.pacific.edu

To: Dental Hygiene Admissions Committee

I confirm that _____ completed 20 hours of shadowing a Registered Dental Hygienist in a practice environment. This shadowing included patient treatment and required duties associated with a common day of dental hygiene care.

I certify that I hold a current license to practice dental hygiene in my state.

_____ (state)

Signed: _____

Print name: _____

Date: _____