

LSUHSC  
Dental Hygiene Shadowing Log

Applicant Name: \_\_\_\_\_

Year Shadowed: Fr So Ju Sr

Doctor Shadowed \_\_\_\_\_

Date Shadowed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hours Shadowed: \_\_\_\_\_

Signature of Doctor or office representative: \_\_\_\_\_

Year Shadowed: Fr So Ju Sr

Doctor Shadowed \_\_\_\_\_

Date Shadowed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hours Shadowed: \_\_\_\_\_

Signature of Doctor or office representative: \_\_\_\_\_

Year Shadowed: Fr So Ju Sr

Doctor Shadowed \_\_\_\_\_

Date Shadowed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hours Shadowed: \_\_\_\_\_

Signature of Doctor or office representative: \_\_\_\_\_

Year Shadowed: Fr So Ju Sr

Doctor Shadowed \_\_\_\_\_

Date Shadowed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hours Shadowed: \_\_\_\_\_

Signature of Doctor or office representative: \_\_\_\_\_

**TOTAL HOURS** \_\_\_\_\_