

## Job Shadow/Observation Application



### Personal Data:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact preference: \_\_\_\_\_

### Shadowing Information:

What role are you interested in observing? Doctor  Hygienist  Assistant  Orthodontics

If Doctor, do you have a preference on who you observe? \_\_\_\_\_

Is observation a school requirement? Yes  No

If yes-

How many hours needed? \_\_\_\_\_

Is there a timeframe in which observation needs to be completed? \_\_\_\_\_

Can total hours be completed from multiple sources? Ex. online educational videos? Yes  No

### Availability:

What days of the week are you available? Monday  Tuesday  Wednesday  Thursday  Friday

What time of day are you available? Morning  Afternoon  Evening

### Comments:

#### Souderton:

Mon, Tues: 8:00 a.m. to 8:00 p.m.  
Wed, Thurs: 7:30 a.m. to 8:00 p.m.  
Fri: 7:30 a.m. to 5:00 p.m.

#### Harleysville:

Mon: 7:30 a.m. to 6:00 p.m.  
Tues: 7:30 a.m. to 8:00 p.m.  
Wed: 8:00 a.m. to 8:00 p.m.  
Thurs: 8:00 a.m. to 5:00 p.m.  
Fri: 7:30 a.m. to 5:00 p.m.

Please email completed form to [CourtneyM@gotta-smile.com](mailto:CourtneyM@gotta-smile.com)