

**STUDENT: A copy of this completed form should be submitted to the Health Science Enrollment Center in Union Station (second floor) on the Downtown Wilmington campus. You may drop it off or email it to [healthsciences@cfcc.edu](mailto:healthsciences@cfcc.edu) for credit.**

## Cape Fear Community College

---

### Confidentiality Statement

As a student applying to the Dental Hygiene program at Cape Fear Community College, I agree to keep all client records, treatment, and conversations confidential. If client confidentiality is breached in any manner, I understand that I will not be considered for admission into the Dental Hygiene program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Student-Applicant)

### CONFIRMATION OF OBSERVATION

As verification that the observation has been performed and for recommendation for admission to Cape Fear Community College's Dental Hygiene program, the dental hygienist under whom the student observed must complete this form. Cape Fear Community College expresses its sincerest gratitude to the dentist, dental hygienist, and staff for their support in allowing prospective students to observe in the dental office, and for taking the time to complete this form.

\_\_\_\_\_  
Print name of student

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Hours Observed (4 minimum)

\_\_\_\_\_  
Print name of Dental Hygienist

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dental Hygienist

\_\_\_\_\_  
Date

Please return this form to the address listed above as soon as the observation has been completed. Questions may be directed to staff at the Health Science Enrollment Center at 910-362-7139 or the Director of Dental Hygiene, Michelle Ezzell, 910-362-7309. Thank you again for your time and support.