



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS
FACULTY OF MEDICAL SCIENCES
DENTISTRY PROGRAMME

Dentistry (DDS) Observation Form

Applicant Instructions:

As an applicant to the Dentistry (DDS) Programme at the UWI, Mona, Kingston, Jamaica, W.I., you are required to complete an observation period in a dental setting, and have the observation verified by a registered and currently licensed to practice dentist. This form must be completed, signed, and submitted to the Admissions Office as a part of your application to this programme. You are not to observe in the dental office of a family member or close relative, and you are guided to observe in different dental areas-private/public sector, Non-Governmental Organisation, Educational Institution, etc.

Please write your name and affix your signature then submit the form to the dental office/facility at which you will do your observership for the form to be completed.

Applicant Name: _____ **Signature of applicant:** _____

Dentist Instructions:

This form must be completed on behalf of the applicant to the Doctor of Dental Surgery (DDS) Programme at the UWI, Mona and signed by the Dentist in charge of the Office/Facility. The form must be scanned and then emailed by the Office/Facility to admissions@uwimona.edu.jm and submitted in a sealed envelope to the Admissions office at UWI (Student Affairs (Admissions), University of the West Indies, Mona, Kingston 7). An authorized signature is to be placed in two places across the seal of the flap. When completing this form, indicate the types of dental-related experience, itemise the observation in terms of hours, days, weeks, etc., and ESTIMATE THE TOTAL NUMBER OF HOURS OF OBSERVATION. This document is a factor in the applicant's admission to the programme.

1. Date observation work: from _____, 20__ to _____, 20__.

2. Please check all applicable types of experience that pertain to the applicant.

Check (v)	Experience	Check (v)	Experience
	Observed dental procedure		Performed reception-secretary duties
	Assisted chairside		Provided patient education
	Retrieved/Filed Patient Records		Performed laboratory procedures
	Other (specify):		

3. Please specify the amount of time devoted to dental related observation work.

Number	Period	Number	Period
	Hours per Day		Months per Year
	Days per Week		Years
	Weeks per Month		Other(Specify):

4. This applicant has completed _____ hours of observation work.

5. Please rate the applicant's performance in terms of the following qualities (rate all that apply).

1=Superior; 2=Good; 3= Average; 4= Fair; 5=Poor; N.A.=Not applicable//Performance not required/not observed. (Note: Medial Values, i.e. 0.5 additions, to rating scores can be used to rate the performance.)

Rating	Quality	Rating	Quality
	Punctuality		Sense of responsibility
	Dependability		Ability to work without supervision
	Personal appearance		Interpersonal relations with staff members
	Communication Skills		Interpersonal relations with patients/clients
	Deporment		Interpersonal relations with dentist
	Initiative		Work Attitude
	Adaptability		Reliability
	Sterilization		Infection Control

6. Areas/Specialties Observed:

Check (v)	Specialty	Check (v)	Specialty
	Prosthodontics		Endodontics
	Dental Public Health		Periodontics
	Oral & Maxillofacial Radiology		Paedodontics
	Oral & Maxillofacial Surgery		Orthodontics
	Oral & Maxillofacial Pathology		General Dentistry



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7. Briefly, describe your impression of the seriousness of purpose, ethical conduct, personal integrity and professional attitude of the applicant in their choice of career as a dentist.

8. Please write any additional comments below.

Name of Dentist (Please Print): _____

Signature of supervising dentist _____ Date _____

Practicing Certificate Number: _____ Dentist Email Address: _____

Office/Facility Name: _____

Office/Facility Address: _____

Contact Phone Number(s): _____

FOR PROGRAMME/OFFICE USE Date Form Received: _____ Date Form Reviewed: _____
Comments: