

JOB SHADOWING CERTIFICATE OF ATTENDANCE

DENTISTRY APPLICANTS

Dear Dental Practitioner

**Re: Dental Procedure Observation Prerequisite for Prospective Dental Science/
Oral Health Sciences (Oral Hygiene) Students**

The holder of this letter has applied to study a Bachelor of Dental Science and/or Bachelor of Oral Health Sciences (Oral Hygiene) at the University of the Witwatersrand, Johannesburg. As part of the selection and admission criteria the applicant is required to spend a minimum of **16 hours** at a dental clinic or private practice of their choice observing dental procedures including, but not limited to, extractions, restorations, scale and polishing as well as oral hygiene instructions. The prospective student is expected to document all activities he/she observes in the job shadowing '**Certificate of Attendance**'. Dental practitioners overseeing activities are requested to countersign all entries of observed procedures in the abovementioned form.

During the observation period the prospective student must pay attention to the following:

- The manual skill required for their chosen career
- The nature of the procedure (pain control, intra-operative bleeding, etc.)
- The professional conduct of the clinician (e.g. communication between clinician and all individuals including patients and colleagues)

Kindly assist the dentistry/oral health sciences applicant in meeting this requirement.

Should you have further queries kindly contact the School of Oral Health Sciences on 011 717 2915.

Thank you kindly for your assistance.



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DENTISTRY APPLICANTS

A minimum of 16 observation hours are required

If you have difficulty in completing this form, please contact the School of Oral Health Sciences on 011 717 2915

Name of Applicant

ID Number

Wits Person/Student Number

TO BE COMPLETED BY A QUALIFIED DENTAL PRACTITIONER

This is to certify that the above applicant to the degree Bachelor of Dental Science has spent hours observing me at work in my practice / place of work and has gained some understanding into the requirements of the career to which s/he is applying.

Name of practitioner Qualification(s)

Signature Date:

Dental clinic/practice attended.....

Business address

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HPCSA registration/Practice number

Telephone number

Official business stamp/card

Please complete the table below:

Procedure	Yes	No	Signature (Practitioner)	Signature (Applicant)
Extractions				
Restorations				
Scale and Polish				
Oral Hygiene Instructions				

Practitioner's comments

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Applicant's comments

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The Faculty of Health Sciences thanks you for your assistance in enhancing our admissions process by completing this report.

APPLICANT

Please upload pages 2 and 3 on the Student Self-Service Portal - <https://self-service.wits.ac.za> (click the Documents and Communications tile)

If your hours have been completed at different practices, please upload the Certificates of Attendance as one pdf.

IMPORTANT: Observation hours can be completed between July 2024 and July 2025.

CLOSING DATE FOR SUBMISSION IS 1 AUGUST 2025

Applications without the submitted forms will be declined as incomplete after this date.