

Student's full name:.....  
 Index no. ....

**Program of the Student Vocational Internship 2021/2022**  
 Pursuant to the education standards of July 26<sup>th</sup> 2019 (Jurnal of Laws of 2019, item 1573)

**Major of Dentistry, 3<sup>rd</sup> year, internship period: 4 weeks (120 hours).**

**Subject/scope of the internship: MEDICAL AND DENTAL PRACTICE IN THE DENTAL CLINIC.**

Manual procedure in a Dental Practice and prosthetic work in dental laboratories

**1. The aim of internship:**  
 Practical gaining of professional skills obtained during learning key subjects.

**2. List of practical skills:**

List of skills	Confirmation of completing the internship
<p><b>Place of internship: dentist offices (3 weeks) and dental technique laboratories (1week)</b></p> <ol style="list-style-type: none"> <li>Dental examination of a patient, planning caries and prosthetic treatment.</li> <li>Active assistance in procedures in conservative dentistry, prosthetics, orthodontics and oral surgery.</li> <li>Treatment of increased dentin hypersensitivity- 3 teeth.</li> <li>Caries prevention: 3 fissure sealing and contact fluoridation procedures.</li> <li>Oral hygiene instructions- 5 patients.</li> <li>Supragingival scaling and polishing dental surfaces- 5 patients.</li> <li>Documentation in a dental practice.</li> <li>The principles of sterilization and sterilization documentation in a dental practice.</li> <li>Dental instruments.</li> <li>Assisting at prosthetic laboratory in all stages of laboratory preparation of removable acrylic and frame dentures and fixed dentures.</li> <li>The principles of action and repair of removable dentures.</li> </ol>	<p>In the period from .....to ..... 20.....  in:</p> <p align="center">.....  (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was: .....</p> <p align="center">.....  Date, stamp, institution's stamp  Supervisor's signature</p>

**REMARKS:** Students have a monthly dental practice - manual procedures. Students are required to work 7 hours a day.

The program of the internship is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu  
WYDZIAŁ  
LEKARSKO-STOMATOLOGICZNY  
DZIEKAN  
prof. dr hab. Marcin Mikulewicz

.....  
Date and signature of the Dean of the Faculty of Dentistry

I accept a vocational internship after 3<sup>rd</sup> year of studies in the academic year 2021/2022

.....  
Date and supervisor's of internship signature

**Completed by a student**

I declare that I was informed about a necessity of having the following documents:

- a) accident insurance, civil liability insurance,
- b) vaccination against hepatitis B,
- c) updated sanitary-epidemiological book,
- d) obligatory documentation essential to get a credit for apprenticeship,
- e) medical protective clothing,
- f) badge prepared on student's own (it should agree with the protocol enforced by the University).

I confirm the receipt of the internship referral along with the program of internship.

.....  
*student's signature*