

Student's full name:.....

Index no. ....

**Program of the Student Vocational Internship 2023/2024**  
 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 ..... 2024 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

Wroclaw Medical University  
 FACULTY OF DENTISTRY  
 DEAN

Prof. Marcin Mikulewicz, M.D., Ph.D.

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 2023/2024

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

**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*