Wroclaw Medical University
Faculty of Medicine
26, Krakowska Street, 50-425 Wroclaw
tel. (071) 784-06-57,58

Student's full name:.....

Index no. .....

# Program of the Student Vocational Internship 2024/2025

**Pursuant to the education standards of July 26th 2019 (Jurnal of Laws of 2019, item 1573)**

**Major of Dentistry, 2nd year, internship period: 4 weeks (120 hours).**

**Subject/scope of the internship: DENTAL ASSISTANCE**

The student performs the role of a dental assistant (dental help) at the Stomatological Center / Dental Clinic

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 |
|---|---|
| **Place of internship: dental clinical**<br><br>1. Program of administration work is:<br>- Familiarize with registration the patients in dental dispensary and filling in the case history chart,<br>- Familiarize with writing down the referral for laboratory, consultation tests etc.<br>- Familiarize with making monthly reports on activity of the dispensary and cases connected with drugs, instruments and underclothes supply for the dispensary.<br>2. Program of activities connected with dentist's assistant<br>- Familiarize with different ways of sterilization of instruments: hydrous, steam, dry air and rooms sterilization.<br>- Familiarize with every day conservation and sterilization:<br>- contra (angle handpieces, handpieces and small instruments), foot pacemaker, reflector, tuba and armchair.<br>3. Preparation cabinet for reception of patients.<br>4. Assistance during dental procedure – giving instruments, dressings to the doctor, tempering materials etc.<br>5. Organizing cabinet after patient's reception:<br>- preparation material dressings for the next day,<br>- preparation necessary forms.<br>6. Providing cabinet with: material dressings, office stuff (in writing). | In the period from .....to ..... 2024 in:<br><br>.....<br>(stamp of the department/unit)<br><br>The departmental/unit supervisor of the internship was: .....<br><br>.....<br>Date, stamp, institution's stamp<br>Supervisior's signature |

I accept a vocational internship after **2nd year** of studies in the academic year 2024/2025

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

The program of the internship is consistent with teaching standards

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

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

**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.

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*student's signature*