

LETTER OF ACCEPTANCE
FOR OBLIGATORY SUMMER PRACTICE IN
DENTAL ASSISTANCE 2 WEEKS

Student's name: _____ **Neptun code:** _____

Date and place of birth: _____

The above student of SEMMELWEIS University, Budapest is authorized to perform his/her SUMMER PRACTICE in our department according to the required 2 weeks Dental Assistance program.

Duration of practice:

from: _____ **until:** _____

Date and place

Dental Assistance Practice – 2 weeks (60' hours)

Week 1

- Introduction of the summer assistant practice, Fire and job sec. Rules, code of conduct.
- Introduction of the Dental Clinical Training Centre, patients check in and patient pathway, dental departments in the Centre.
- **Lecture:** General tasks of a dental assistant, the most important parts of their profession in the different departments.
- **Lecture:** The basic structure of the patient registration system.
- Visit of the main sterilization unit.
- **Lecture:** Contamination, surface-, and instrument disinfection. Basic rules of sterilisation, and assistant tasks besides the dental chair.
- **Lecture:** Infectioncontrol, documentation and quality control.
- **Lecture:** Hand hygiene, prevention of the pinprick accidents.
- Presentation of manual and machine driven mixing of impression materials, different types of material mixing practices: silicone, polyether, alginate.

- **Lecture:** Basic and auxilliary materials used in the dental office: Impression-, filling-, luting materials, endodontic desifenctants.
- Mixing practice of phosphate-, carboxilate-, and glass ionomer cements. Introduction of four-handed treatment.
- **Lecture:** Basic rules of four-handed treatment and patient positions during the dental treatment.

Week 2

Practicing the things learnt the previous week.

Name of Dental Clinic

**Signature of Professor in charge/
Head of Department**

Stamp of Dental Clinic

**Name in capital letters of Professor
in charge/Head of Department**