

CERTIFICATE OF COMPLETION

Dental assistance summer practice

(for students studying in the English and German language programs)

Undersigned

certify that the 1st year dentistry student of the Faculty of Dentistry of Semmelweis University,

namedhas completed the

2 week (60 hours) Dental assistance summer practice according to the outlined requirements.

Location of practice:.....

Duration of practice: from:.....

until:

Practical evaluation*:.....

Date:

.....

* Signature and seal

* A minimum of 90% attendance is required for granting the signature for the one-week practice, and the student's theoretical preparation and practical work and patient relations must be at least acceptable.

*The practice must be evaluated on a 3-grade scale according to the following:
excellent, satisfactory, failed

The rating should be based on the student's theoretical knowledge and practical work, as well as his or her relationship with patients.