

# LETTER OF ACCEPTANCE

## Dental assistance summer practice

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

Undersigned .....

certify that I am able to provide the outlined conditions and requirements of the 2 week (60 hours)

Dental assistance summer practice for .....

1st year student of the Faculty of Dentistry of Semmelweis University, free of charge to the University.

I declare that the practice has adequate liability insurance covering the student's activities.

In the event of a claim for compensation, if the damage occurs during the student's activities during the practice, the clinic is financially liable.

The Faculty of Dentistry of Semmelweis University assumes neither ethical nor financial liability in connection with the Dental assistance summer practice.

Location of practice:.....

Duration of practice: from:.....

until: .....

Date: .....

.....

Signature and seal

### Course description:

The Dental assistance summer practice is 2 weeks (60 hours).

The purpose of the internship is to familiarise students with the use of equipment and instruments used in dental treatment, the most commonly used dental materials, to introduce students to the patient care process, and to provide them with an understanding of patient care from the assistant's perspective, which is essential for their future clinical work. The student will learn the basic rules of behaviour with the assistant and the patient.

### Method and type of assessment:

no examination, only signature at the end of the practice

The signature of the two-week practice is subject to a minimum attendance of 75% and the student's theoretical preparation, practical work and patient relations being at least at an acceptable level.