

# LETTER OF ACCEPTANCE

## General dental summer practice

Undersigned .....

certify that I am able to provide the outlined conditions and requirements of the 4 week (120 hours)

General dental summer practice for .....

4th 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 General dentistry summer practice.

Location of practice:.....

Duration of practice: from:.....

until: .....

Date: .....

.....

Signature and seal

### Course description:

The General dental summer practice is 4 weeks (120 hours).

The aim of the course is to provide a simulation practice in which students are able to use their multidisciplinary knowledge to carry out complex patient assessment, diagnosis, treatment planning and definitive therapy in the fields of prosthodontics, paediatric dentistry and orthodontics, caries and endodontics, and periodontology. Carrying out conservative dentistry (fillings, endodontic treatments) and simple prosthetic procedures, as well as preventive activities.

### Method and type of grading:

A minimum attendance of 90% is required to sign the four-week internship.

The internship will be graded out of five as follows:

5 (excellent), 4 (good), 3 (average), 2 (fair), 1 (unsatisfactory)

The grade shall be based on the student's theoretical preparation and practical work and his/her interaction with patients.