

## Requirements for the facility allowed to carry out student internships at the Faculty of Medicine and Dentistry of the MUW

Internship location: .....

Major: .....

Year of study: ..... Dates of internship: .....

Criterion		Partial evaluation	Number of points obtained
The facility has been functioning in the dental services market	< 5 years	1	
	5-10 years	2	
	> 10 years	3	
The facility has accreditation	No	0	
	Yes	1	
Clinical experience of the employee taking care of the student during the internship*	> 5 years	1	
	specialisation	1	
The facility has the equipment necessary for the implementation of the internship programme	No	0	
	Yes	1	
Experience in pre- and post-graduate training	No	0	
	Yes	1	
Doctor's office management system used by the facility	non-electronic	1	
	electronic	2	
<b>TOTAL</b>			

**Required minimum - 4 points**

The internship supervisor must have a specialist title or five years' professional experience.

**I give my consent for the student of the Faculty of Medicine and Dentistry of the MUW to complete the internship**

.....  
*Signature of the Facility Manager*

**I agree/ don't agree\* for the internship to be carried out in the above-mentioned facility**

.....  
*Signature of the Deputy Dean for Educational Affairs*