



MEDICAL  
UNIVERSITY  
OF WARSAW

FACULTY OF MEDICINE AND DENTISTRY

**STUDENT INTERNSHIP LOG – FOURTH YEAR  
in a dental office**

Academic Year **2022/2023**

Student's full name.....

Year of study ..... Student ID number.....

Address of permanent residence.....

1/ Placement term: from ..... to .....

Number of working days: ..... Number of hours.....

2/ Placement place / address and phone/:

.....  
.....

3/ Full name

of the entity's head.....

of the placement supervisor

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4/ Achievement of educational outcomes

Scope of activities	Educational outcome <i>(MSHE Reg. as of 26 July 2019)</i>	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
1/ in the field of conservative dentistry, pedodontics and periodontology			
performing basic diagnostic procedures: patient's examination and planning of dental treatment, interpretation of radiological and additional test results (1A, 2A, 12A).	F.U1. F.U2. F.U6. F.U7.		
removal of dental deposits (53A)	F.U7, U1		



6 Binieckiego St.  
02-091 Warszawa  
[www.wls.wum.edu.pl](http://www.wls.wum.edu.pl)

phone: +48 22 57 20 213  
[stomatologia@wum.edu.pl](mailto:stomatologia@wum.edu.pl)

performance of dental procedures in the scope of caries prophylaxis: dietary recommendations, tooth sealing, professional fluoride prophylaxis, oral hygiene recommendations and guidelines (10A, 14A, 15A, 19A)	F.U7, U2		
preparation and filling of cavities with different materials for permanent and temporary fillings (4A)	U3		
active assistance in endodontic procedures, performing selected endodontic procedures (pulp extirpation, preparation and filling of a root chamber and canal)(6A)	G.U20, U4, K1		

5/ Confirmation of the number of placement hours and performed activities and an evaluation of student's work and course of placement

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(Stamp of an entity providing placement)

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(signature and stamp of an entity's head)

Student's remarks about placement:

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Number of working days: ..... Number of hours.....

2/ Placement place / address and phone/:

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3/ Full name

of the entity's head.....

of the placement supervisor

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4/ Achievement of educational outcomes

Scope of activities	Educational outcome (MSHE Reg. as of 26 July 2019)	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
2/ in the field of oral surgery			
Administration of local anaesthesia (34A)	F.U16, U5		
performing simple tooth extraction (38A)	F.U7, F.U8, U7		
assistance in minor surgical procedures (41B)	G.U20, U7		

5/ Confirmation of the number of placement hours and performed activities and an evaluation of student's work and course of placement

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.....  
(Stamp of an entity providing placement)

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(signature and stamp of an entity's head)

Student's remarks about placement:

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.....



1/ Placement term: from ..... to .....

Number of working days: ..... Number of hours.....

2/ Placement place / address and phone/:

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.....

3/ Full name

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4/ Achievement of educational outcomes

Scope of activities	Educational outcome (MSHE Reg. as of 26 July 2019)	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
3/ in the field of prosthodontics			
assessment of conditions in the oral cavity with taking into account missing teeth, anatomical and functional changes and maxillofacial abnormalities (A61)	F.W14		
taking dental impressions using various type of impression materials (A28)	U8		
planning of simple prosthodontic treatment (A61)	F.U22, U9		
determination of occlusion and assessment of provisional dentures			
adjustment and repair of removable prosthesis (66A)			

5/ Confirmation of the number of summer student placement hours and performed activities and an evaluation of student's work and course of placement

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(Stamp of an entity providing placement)

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(Signature and stamp of an entity's head)

Student's remarks about placement:

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1/ Placement term: from ..... to .....  
Number of working days: ..... Number of hours.....

2/ Placement place / address and phone/:

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3/ Full name

of the entity's head.....

of the placement supervisor

.....

4/ Achievement of educational outcomes

<b>Scope of activities</b>	<b>Educational outcome</b> <i>(MSHE Reg. as of 26 July 2019)</i>	<b>Dates of performance</b>	<b>Approval of performance by the placement supervisor</b> (Signature and stamp)
4/ in the field of medical records and reporting			
familiarising with all types of medical (dental records, admission log, work and procedure log) and sanitary records, familiarising with methods of medical and dental reporting	G.W17 F.U11 G.U26		

5/ Confirmation of the number of placement hours and performed activities and an evaluation of student's work and course of placement

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(Stamp of an entity providing placement)

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(Signature and stamp of an entity's head)

Student's remarks about placement:

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1/ Placement term: from ..... to .....  
Number of working days: ..... Number of hours.....

2/ Placement place / address and phone/:

.....  
.....

3/ Full name  
of the entity's head.....  
of the placement supervisor  
.....

4/ Achievement of educational outcomes

Scope of activities	Educational outcome (MSHE Reg. as of 26 July 2019)	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
5/ in the field of organisation and administration			
learning about principles of work organisation in the place of summer student placement, patient admission and record system and methods of supplying and managing a dental storage room	G.W18 G.W9 G.U26		

5/ Confirmation of the number of placement hours and performed activities and an evaluation of student's work and course of placement

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(Stamp of an entity providing placement)

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(Signature and stamp of an entity's head)

Student's remarks about placement:

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(Student's signature)

The obligatory summer student placement after the **fifth year** of the program in the academic year 2022/2023 is credited.

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*Dean*