



MEDICAL
UNIVERSITY
OF WARSAW

FACULTY OF MEDICINE AND DENTISTRY

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

Academic Year **2024/2025**

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/:

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.....

3/ Full name

of the entity's head.....

of the placement supervisor

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)
Knowing dental instruments and equipment (3A)	C.W23		
Learning about sanitary procedures used in a dental office	G.W19 G.W20		
Knowing principles of keeping medical records in a dental office, keeping medical records (A81)	G.W32 F.U11		
Participation in patient's examination and planning of dental treatment (A1, A2)	F.U1. F.U2. F.U3 F.U7.		



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Active assistance in dental and surgical procedures (B41)	G.W18. G.U20 U1		
Removal of dental deposits (A53)	U.3		
performance of dental procedures in the scope of caries prophylaxis (A15, A23):	G.U7 U2		
• dietary and oral hygiene recommendations, oral hygiene guidelines			
• tooth sealing			
• professional fluoride prevention			
• treatment of dentin hypersensitivity			
Taking dental impressions (A28)	U4		
Knowing how to adjust and repair removable dentures (A66)	W1		

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(Student's signature)

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 summer student placement:

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The obligatory summer student placement after the **third year** of the program in the academic year 2024/2025 is credited.

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Dean