**Summer Clerkship – Dental Hygiene**  
(code B83157, 3rd year)

**Duration**: 120 hours (15 working days, i.e. 3 weeks)

* The clerkship does not need to be done within 3 consecutive weeks.
* The clerkship should be done during the summer break.

**Workplace**: Dental hygiene office

* Fulfilling the clerkship in multiple health care facilities is acceptable.
* It is possible to fulfill the clerkship abroad, i.e. outside of the Czech Republic.
* If a contract is required by the health care facility, please contact FSAD in advance. It is possible to arrange a three-way contract between the facility, the student and the faculty.

**Content**: Independent work as a dental hygienist (not just observation)

* Assessment of the level of oral hygiene
* Instructions on dental hygiene, patient motivation
* Selection of interdental brushes, practice of flossing
* Examination of periodontal status
* Removal of supragingival calculus using ultrasonic tips and/or hand instruments
* Subgingival calculus removal using hand instruments
* Depuration, air-flow

**Confirmation**:

* A template for the confirmation is provided on the following page.
* The health care facility and supervisor must be clearly identified. The seal of the health care facility should include its name, address and ID number. A phone number should be provided if not included in the seal.
* The confirmation must be submitted no later than 2 weeks prior to the start of the next academic year (i.e. mid September). Preferably, please submit the confirmation right after the clerkship.
* Procedures performed during the clerkship may only be entered into the Logbook if the clerkship was done at the University Clinic of the First Faculty of Medicine, Charles University. However, you may use a separate sheet of paper to note the procedures and insert this sheet into the Logbook.

**C O N F I R M A T I O N**

Summer Clerkship – Dental Hygiene  
(code B83157, 3rd year)

**Student**:  
Name, surname:  
Study program: Dentistry

Academic year

Study group:

We hereby certify that the abovementioned student passed the summer clerkship in our health care facility and that he/she fulfilled all set requirements. The clerkship was fulfilled:

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Length of clerkship in days or weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Name of the health care facility:

Full address of the health care facility:

Name of supervisor (including degrees):

Evaluation of student's performance by the supervisor:

Date:

Signature and seal: