

**APPLICATION FORM FOR NURSING SUMMER PRACTICE
2019**

Nursing summer practice (2 weeks)
on the **Faculty** 08 July - 19 July or 22 July-02 August
or **outside the Faculty** in July and August

Name, group number:

Address:

Chosen time:

Place of summer practice (name, address, phone number):

6720, Szeged, Tisza Lajos körút 64.

Name of supervisor:

dr. Donát Simon-Fiala

In case the summer practice is done outside the Faculty the submission of the Letter of Acceptance is mandatory.

signature

Deadline for submission: 05 April, 2019.



H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62) 545-299, Fax: (00 36 62) 545-282 E-mail: stoma@stoma.szote.u-szeged.hu

LETTER OF ACCEPTANCE

2-week practice in nursing

Submission deadline: 05 April 2019

Name of the student:	
Period of practice (DD/MM/YYYY):	From: _____ To: _____
Name of the hospital/clinic:	
Department:	
Address of the hospital/clinic:	
Accreditation number of the hospital/clinic:	
Contact person:	
Phone number:	
E-mail address:	

I declare that the above-named student of the University of Szeged is accepted to perform his/her compulsory **nursing summer practice** at our institution for a period of **2 weeks**, furthermore, that the means of completing the tasks listed on page 2 of this form are provided and that he/she is entitled to complete them.

I declare that the clinic/hospital has an operating licence and based on the patients' data is competent of the training of dental students within the frame of the summer practice.

Date (DD/MM/YYYY):	
Signature:	

Institution seal/stamp



Nursing summer practice

2 weeks

Compulsory tasks to be completed during the practice spent at a foreign institution

Getting acquainted with the work of the dental emergency ambulance:

- Observing the administrative tasks in connection with patient examination (assignments, computerized patient admission, ambulance diary, patient records).
- Procedure and practice of making a diagnosis.
- Getting acquainted with and carrying out the duties related to patient examination.
- Observing the examination of X-ray results, and diagnosis making.
- Getting acquainted with the procedure of patients' referral to certain departments.





Faculty of Dentistry

NURSING PRACTICE EVALUATION SHEET
2 weeks

This is to certify that Mr./Ms.
(born on (DD/MM/YYYY) in (city/country)/.....)
completed every one of the following tasks within a nursing practical training at our institution:

Getting acquainted with the work of the emergency ambulance:

- Observing the administrative tasks in connection with patient examination (assignments, computerized patient admission, ambulance diary, patient records).
- Procedure and practice of making a diagnosis.
- Getting acquainted with and carrying out the duties related to patient examination.
- Observing the examination of X-ray results, and diagnosis making.
- Getting acquainted with the procedure of patients' referral to certain departments.

Period of practice: From (DD/MM/YYYY) to (DD/MM/YYYY)

Name of the clinic/hospital in capital letters:

Address of the hospital/clinic in capital letters: Country: City:

Department:

Accreditations of the hospital/clinic:

Name of the supervisor in capital letters:

Phone number:

E-mail address:@.....

Evaluation of the student:

Date: **Signature and stamp**