



**Agreement - Dental clinical traineeship
under the terms of § 15, German Dental Licence Order (ZAprO)**

among

- and -

Dental Practice stamp:

Name of the dental practice

**Name of the
practicing dentist**

**Name of the owner or manager
of the dentist practice**

Adress

Postal code, town

As a licenced and practicing dentist I agree to provide the following student

Family name, given name:

with a clinical traineeship, under the terms of § 15 of the German Dental Licence Order (ZAprO). This clinical traineeship will last

I state to accept the framework of § 15 ZAprO. The clinical traineeship is to be served full-time for the duration of 4 weeks, at least 2 weeks under instruction of one and the same dentist. During this time trainees are not allowed to treat patients themselves. Clinical traineeships have to be conducted and supervised exclusively by dental licenced and practicing persons. After finishing the traineeship the students have to be given a testimonial, confirming that the clinical traineeship fulfilled the regulations of § 15,4 ZAprO.

I declare and confirm: I conduct the clinical traineeship personally. Constant attendance by a licenced dentist is guaranteed in case I am absent. It is ensured that a licenced dentist instructs not more than one trainee at once. My intention is to promote the instruction of trainees. I will spend significant time to make them familiar with practice and direct contact to patients. However, students will not independently execute operations at patients. A clinical traineeship cannot be terminated ahead of schedule, except for extraordinary reasons. I will report the occupation of trainees in my dental practice to my liability insurance and to the professional indemnity insurance of the owner or manager of the institution.

Town, date

Signature of the dentist