



LETTER OF ACCEPTANCE

Dental assistance/Dento-alveolar/Complex summer practice

I, the undersigned.....
(Name of dentist)

.....
(Name and address of dental office)

hereby certify that our dental office is accredited by the accrediting
University

.....
(Name of the University)

(for non-accredited health care providers)

or

I am a registered health service provider, and approximately *(number
of patients)* are treated in our dental office per week; and

.....
(Name of the student)

is accepted at our dental office to complete his/her Dental assistance/Dento-
alveolar/Complex summer practice *(Please underline the applicable)* in the
period between 2022 and
..... 2022, free of charge.

Date:

.....

Authorised signature

L.S.