Murray State College Veterinary Nursing Program- Distance Learning
Off-Campus Clinical Institution Site Application
Small Animal Facility

Instructions:

- The practice owner or practice manager must complete this form.
- The primary preceptor listed must sign the Student Clinical Experience Agreement for the facility.
- Make sure to fill all applicable spaces
- When finished email document to mscvn.mscok.edu
- If you have any questions or experience issues please contact Laura Sandmann at lsandmann@mscok.edu or Aubree Goodwin agoodwin@mscok.edu.

Facility Name (as appears on IRS tax records):

Facility Website URL:

Mailing Address
Street Address:

City:
State:
Zip Code:

Physical Address (if different from mailing)
Street Address:

City:
State:
Zip Code:

Phone Number: **Fax Number:**

Who will be utilizing your facility?
Please list all of the MSCVNDL students who will be using this facility to complete their required training:

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Required Species:

Canine-	Dogs
Feline-	Cats

Facility Equipment Check List- Please check next to each item your clinic has readily available. If your clinic does not have an item, do not check the box, but highlight the item using the yellow highlight option.

Please note that not all of these pieces of equipment are required. Knowing what your clinic has in place will help us determine what Clinical Skills courses can be completed at your clinic.

Anesthesia:

Canine/Feline Anesthetic Machine ☐	Isoflurane Anesthetic Gas ☐
Non-Rebreathing System ☐	Functional Anesthetic Waste Gas Exhaust System ☐
Endotracheal Tubes Varying Sizes ☐	Anesthetic Masks Varying Sizes ☐
Laryngoscope ☐	*Controlled drug cabinet ☐

*Must be following state and federal laws.

Surgical Instruments, Relative Equipment, and Supplies:

Autoclave ☐	Animal Gurney/Stretcher ☐
Fluid Pump ☐	Basic Surgical Instruments ☐
Surgical Light ☐	*Specific Surgical Instruments (Orthopedic) ☐
Electric Clippers ☐	Designated Surgery Table ☐
Warming Device (e.g. circulating warm water blanket, forced warm air blanket) ☐	**Equipped & Accessible Emergency Crash Cart ☐

*(familiarity with common orthopedic instruments – e.g. orthopedic wire, K-wire, pins, bone screws, pin cutter, wire cutting scissors, rongeur, bone holding forceps, hand chuck, osteotome, bone curette, mallet, Gigli wire saw and handles, elevator, and bone plates)

**(including, but not limited to, assorted endotracheal tubes, resuscitation bag, assorted intravenous catheter sizes, epinephrine, atropine, lidocaine, face mask(s), stethoscope)

Patient Monitoring Equipment:

Temperature Monitoring Device/Thermometer ☐	Capnometer ☐
Pulse Oximeter ☐	Esophageal Stethoscope ☐
Cardiac Monitor ☐	Blood Pressure Monitoring Equipment ☐
Electrocardiograph (with printing capabilities as optional) ☐	Resuscitation Bag ☐

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Examination/Treatment Supplies & Equipment:

Examination Tables ☐	*Cages/Kennels ☐	Scale ☐
Bandage Material ☐	Casting Material ☐	Stethoscope ☐
Ophthalmoscope ☐	Otoscope ☐	Bathing Equipment ☐
Tonometer ☐	Vaginal Speculum ☐	**Oral Dosing Equipment ☐
Tourniquet ☐	Feeding Tubes & Gavage ☐	Syringes/Disposable Needles ☐
Microchip Scanner ☐	Nail Trimmers ☐	

*Cages/Kennels must comply with federal regulations
**Canine and Feline Specific

Radiology:

Protective Apron ☐	Protective Thyroid Shield ☐	Protective Gloves ☐
Storage Rack for PPE ☐	Radiation Dosimeter Badges ☐	Calipers ☐
Radiographic digital Machine – Fixed ☐	Radiographic Machine – Portable ☐	Radiographic Digital Machine – Dental ☐
Cassette or Plate Holders ☐	Radiographic viewer (digital) ☐	Directional/Positional Markers ☐
Protective Lead Eyeglasses (if required by state law*) ☐		

Laboratory:

Clinical Chemistry Analyzer ☐	Electronic Blood Cell Counter ☐
Differential Blood Cell Counter (manual or electronic smartphone apps) ☐	Microscope ☐
Incubator ☐	Refrigerator (designated lab use) ☐
Hand Tally Cell Counter ☐	Centrifuge ☐
Microhematocrit Centrifuge ☐	Refractometer ☐

Dentistry:

Ultrasonic Scaler ☐	Dental Polisher ☐
Appropriate Hand Dental Instruments ☐	*PPE- Mouth/Nose/Eye Covering ☐

*Personal Protective Equipment

Restraint:

Muzzles (Canine and Feline) ☐	Restraint Pole ☐
Elizabethan Collars ☐	

Other Necessary Supplies & Equipment:

Microchip Scanner ☐	Nail Trimmers ☐

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Facility Standard Agreement

We want to make sure our students to have adequate exposure to quality veterinary medical practices and equipment. Therefore, in order to be approved as an OCCI site for the Murray State College Veterinary Nursing Distance Learning Program your veterinary care facility(s) must meet certain minimum criteria in regard to equipment, practice quality, and hospital staff. Each individual OCCI site must agree to follow the minimum standards in order to receive approval.

I have thoroughly reviewed the MSCVNDL OCCI Clinical Requirements Information document and agree to make sure my facility and staff uphold these standards.

I agree to the above statements: Yes

Please add your signature below.

X

Practice Owner or Practice Manager

Primary Preceptor Agreement-

By completing and submitting this application, I am in agreeance to act as the listed student(s) primary preceptor for this facility (the facility listed in the above document). I acknowledge that I have read and reviewed this application entirely and will verify that to the best of my knowledge the information we provided is accurate. I have reviewed information provided over the MSCVNDL program and agree to act as the primary preceptor for this student in this facility.

As the primary preceptor of this OCCI site I agree that I will notify the program chair and/or required staff if there are significant changes within the facility including, but not limited to, structural integrity and physical structure. Additionally, I know it is my responsibility to notify the chair of the program or required staff if my credentials change, association or employment with the facility changes, or if I no longer want to be listed as a primary preceptor.

I agree to the above statements: Yes

Please add your signature below.

X

Primary Preceptor

Primary Preceptor Information-

Name:

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First	Middle Initial	Last

Maiden or former name that may appear on license or diploma:

Email Address (Primary Preceptor)	Phone Number	Type of Phone
		Personal Cell

Please indicate your credentials and attach a current copy of your state credentials:

Additional comments or clarification:

Name of individual submitting this application:

X _____ X _____

Practice Owner or Practice Manager Applicant

Date: