

**Murray State College Veterinary Nursing Program**  
**OCCI Clinical Skills Course Application- VN 2231**

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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.msco.edu](mailto:mscvn.msco.edu)
- If you have any questions or experience issues please contact Laura Sandmann B.S., RVT at [lsansmann@msco.edu](mailto:lsansmann@msco.edu) or Aubree Lively, RVT at [agoodwin@msco.edu](mailto:agoodwin@msco.edu).

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Facility Name (as appears on IRS tax records):

Facility Website URL:

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**Mailing Address**

Street Address:

City:

State:

Zip Code:

**Physical Address (if different from mailing)**

Street Address:

City:

State:

Zip Code:

**Phone Number:**

**Fax Number:**

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**Who will be utilizing your facility?**

Please list all of the MSCVN students who will be using this facility to complete their required training:

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**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.

The CVTEA, our accrediting body, requires that students have access to certain equipment. Additionally, each of our Clinical Skills courses will require that students have access to certain pieces of equipment to complete their hands-on tasks and skills. Below you will find what equipment is required per Clinical Skills course.

**Veterinary Anesthesia and Surgical Nursing Clinical Skills:**

Required Species:

Canine	Dogs
Feline	Cats

Anesthesia- Functional Waste Gas Exhaust System/Charcoal Canister	Anesthesia Gas- Isoflurane or Sevoflurane Anesthetic Gas
Anesthetic Induction Masks Varying Sizes	Anesthetic Machine- Non-Rebreathing
Anesthetic Machine- Rebreathing	Anesthetic Scavenging System/Charcoal Canister
Animal Gurney/Stretcher	Autoclave
Blood Pressure Monitoring Equipment	Capnometer
Cardiac Monitor	*Controlled Drug Cabinet
Controlled Substance Log	Electric Clippers
Electrocardiograph	Endotracheal Tubes Varying Sizes
**Equipped & Accessible Emergency Crash Cart	Esophageal Stethoscope
Fluid Pump	Laryngoscope
PPE- Disposable Gloves	PPE- Disposable Mask
Pulse Oximeter	Resuscitation Bag
Sterile Saline	Stethoscope
Surgery Table (Designated)	Surgical Booties
Surgical Cap	Surgical Drapes
Surgical Gown	***Surgical Instruments- (Orthopedic)
Surgical Instruments- (Basic)	Surgical Light
Surgical- Lint Roller or Vacuum	Surgical Pack Supplies (Drapes, Indicator Strips/Tape)
Suture Scissors	Syringes/Disposable Needles
Thermometer/Temperature Monitoring Device	Thumb Forceps
Vaginal Speculum	Warming Device (e.g. circulating warm water blanket, forced warm air blanket)

\*Must be following state and federal laws.

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

\*\*\*{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}

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**Dentistry:**

Comprehensive Oral Health Assessment and Treatment will be done during the Clinical Skills Course VN 2231.

Required Species:

Canine	Dogs
Feline	Cats

Appropriate Hand Dental Instruments	Dental Polisher
Oral Speculum	*PPE- Mouth/Nose/Eye Covering
Radiographic Digital Machine – Dental	Ultrasonic Scaler

\*Personal Protective Equipment

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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:

Please add your signature below.

X

Practice Owner or Practice Manager

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**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:

Please add your signature below.

X

Primary Preceptor

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**Primary Preceptor Information-**

Name:

First	Middle Initial	Last

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

Email Address (Primary Preceptor)	Phone Number	Type of Phone

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

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Additional comments or clarification:

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Name of individual submitting this application:

X  
\_\_\_\_\_  
Practice Owner or Practice Manager

Date: