



**Murray State College Veterinary Nursing Program- Distance Learning
Off-Campus Clinical Institution Site Application
Bovine & Small Ruminant 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.msco.edu
- If you have any questions or experience issues please contact Laura Sandmann, B.S., RVT at lsansmann@msco.edu or Aubree Goodwin, RVT at agoodwin@msco.edu.

Facility Name (as appears on IRS tax records): Click or tap here to enter text.

Facility Website URL: Click or tap here to enter text.

Mailing Address

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Physical Address (if different from mailing)

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Who will be utilizing your facility?

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

Click or tap here to enter text.

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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.

Anesthesia:

Large Animal Anesthetic Machine <input type="checkbox"/>	Inhalant Anesthetic Agent (Isoflurane) <input type="checkbox"/>
Endotracheal Tubes Varying Sizes <input type="checkbox"/>	Functional Waste Gas Exhaust System <input type="checkbox"/>
Anesthetic Masks Varying Sizes <input type="checkbox"/>	Laryngoscope <input type="checkbox"/>

Surgical Instruments, Relative Equipment, and Supplies:

Autoclave <input type="checkbox"/>	*Gurney/Stretchers <input type="checkbox"/>
Fluid Pump <input type="checkbox"/>	Basic Surgical Instruments <input type="checkbox"/>
Surgical Light <input type="checkbox"/>	**Specific Surgical Instruments (Orthopedic) <input type="checkbox"/>
Electric Clippers <input type="checkbox"/>	Designated Surgery Table <input type="checkbox"/>
Warming Device (e.g. circulating warm water blanket, forced warm air blanket) <input type="checkbox"/>	Emasculator <input type="checkbox"/>
***Equipped & Accessible Emergency Crash Cart <input type="checkbox"/>	

*Appropriate means to transport large animal and small ruminant species.

**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:

Thermometer/Temperature Monitoring Device <input type="checkbox"/>	Capnometer <input type="checkbox"/>
Pulse Oximeter <input type="checkbox"/>	Esophageal Stethoscope <input type="checkbox"/>
Cardiac Monitor <input type="checkbox"/>	Blood Pressure Monitoring Equipment <input type="checkbox"/>
Electrocardiograph (with printing capabilities as optional) <input type="checkbox"/>	Resuscitation Bag <input type="checkbox"/>

Examination/Treatment Supplies & Equipment:

*Appropriate Stalls/Pens <input type="checkbox"/>	**Refrigerator <input type="checkbox"/>	Stomach Tubes <input type="checkbox"/>
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Bandage Material/Wraps <input type="checkbox"/>	Casting Material <input type="checkbox"/>	Appropriate Scale/Weight Tape <input type="checkbox"/>
Ophthalmoscope <input type="checkbox"/>	Otoscope <input type="checkbox"/>	Oral Speculum <input type="checkbox"/>
Tonometer <input type="checkbox"/>	Vaginal Speculum <input type="checkbox"/>	Stethoscope <input type="checkbox"/>
Tourniquet <input type="checkbox"/>	Feeding Tubes & Gavage <input type="checkbox"/>	Syringes/Disposable Needles <input type="checkbox"/>
***Oral Dosing Equipment <input type="checkbox"/>		

*Follow federal regulations.

**Designated Large/Food Animal Treatment Use

***Large Animal Specific

Radiology:

Protective Apron <input type="checkbox"/>	Protective Thyroid Shield <input type="checkbox"/>	Protective Gloves <input type="checkbox"/>
Storage Rack for PPE <input type="checkbox"/>	Radiation Dosimeter Badges <input type="checkbox"/>	Calipers <input type="checkbox"/>
Portable Radiology Machine <input type="checkbox"/>	Fixed Radiology Machine <input type="checkbox"/>	Film I.D. Markers <input type="checkbox"/>
Cassette or Plate Holders <input type="checkbox"/>	High Speed/Rare Earth Screens <input type="checkbox"/>	Protective Lead Eyeglasses (if required by state law*) <input type="checkbox"/>
Directional/Positional Markers <input type="checkbox"/>		

Laboratory:

Chemistry Analyzer <input type="checkbox"/>	Electronic Blood Cell Counter <input type="checkbox"/>
Differential Blood Cell Counter (manual or electronic smartphone apps) <input type="checkbox"/>	Microscope <input type="checkbox"/>
Incubator <input type="checkbox"/>	Refrigerator (designated lab use) <input type="checkbox"/>
Hand Tally Cell Counter <input type="checkbox"/>	Centrifuge <input type="checkbox"/>
Microhematocrit Centrifuge <input type="checkbox"/>	Refractometer <input type="checkbox"/>

Restraint:

Bovine & Small Ruminant Halters <input type="checkbox"/>	Nose Tongs <input type="checkbox"/>
Ropes <input type="checkbox"/>	*Cattle Chute/Head Gate <input type="checkbox"/>

*A restraint device whereby the animal head is fixed and the back and sides are closed to allow safe examination and treatment of patient.

Other Necessary Supplies & Equipment:

*Controlled Drug Cabinet <input type="checkbox"/>	Dehorner <input type="checkbox"/>
Ear Tagger and Tattoo <input type="checkbox"/>	Hoof Care (trimmers, rasps, picks, etc.) <input checked="" type="checkbox"/>

*Must be following state and federal laws.

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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: Choose an item.

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: Choose an item.

Please add your signature below.

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X

Primary Preceptor

Primary Preceptor Information-

Name:

First	Middle Initial	Last
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Maiden or former name that may appear on license or diploma: Click or tap here to enter text.

Email Address (Primary Preceptor)	Phone Number	Type of Phone
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Please indicate your credentials and attach a current copy of your state credentials: Choose an item.

Additional comments or clarification:

Click or tap here to enter text.

Name of individual submitting this application: Click or tap here to enter text.

X

Practice Owner or Practice Manager

Date: Click or tap to enter a date.