Murray State College Veterinary Nursing Program- Distance Learning
Off-Campus Clinical Institution Site Application
Equine 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 B.S., RVT at lsansmann@mscok.edu or Aubree Goodwin, RVT at agoodwin@mscok.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.

MURRAY STATE COLLEGE

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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☐	Inhalant Anesthetic Agent (Isoflurane)☐
Endotracheal Tubes Varying Sizes ☐	Functional Waste Gas Exhaust System☐
Anesthetic Masks Varying Sizes☐	Laryngoscope☐

Surgical Instruments, Relative Equipment, and Supplies:

Autoclave☐	Appropriate 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) ☐	Emasculator☐
**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:

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

Examination/Treatment Supplies & Equipment:

*Appropriate Stalls/Pens☐	Scale/Weight Tape☐	Bandage Material/Wraps☐
Casting Material☐	Syringes/Disposable Needles☐	Ophthalmoscope☐
Otoscope☐	Stethoscope☐	Tonometer☐

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Vaginal Speculum☐	Tourniquet☐	Stomach Tubes☐
Feeding Tubes & Gavage☐	**Oral Dosing Equipment ☐	***Refrigerator☐

*Follow federal regulations.
**Equine/Large Animal Specific
***Designated Equine Treatment Use

Radiology:

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

Laboratory:

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:

Electric and Manual Float Kits☐	Wolf Tooth Extractor☐
Various Dental Instruments☐	*PPE- Mouth/Nose/Eye Covering/Head Lamp☐
Oral Speculum☐	

*Personal Protective Equipment

Restraint:

Equine Stocks☐	Ropes☐

Other Necessary Supplies & Equipment:

*Controlled Drug Cabinet☐	Mechanical Twitch☐
Hoof Care (trimmers, rasps, picks, etc.)☐	Equine Halters☐

*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 nay 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.