



**Murray State College Veterinary Nursing Program- Distance Learning  
Off-Campus Clinical Institution Site Application  
Exotic & Laboratory 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](mailto:mscvn.mscok.edu)
- If you have any questions or experience issues please contact Laura Sandmann B.S., RVT at [lsansmann@mscok.edu](mailto:lsansmann@mscok.edu) or Aubree Goodwin, RVT at [agoodwin@mscok.edu](mailto:agoodwin@mscok.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 MSCVNDL 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.

**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:**

Anesthetic Machine	Isoflurane Anesthetic Gas
Non-Rebreathing System	Functional Anesthetic Waste Gas Exhaust System
Endotracheal Tubes Varying Sizes	Anesthetic Masks Varying Sizes
Laryngoscope	

**Surgical Instruments, Relative Equipment, and Supplies:**

Autoclave	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:**

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:**

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

\*Kennels & Cages must follow federal regulations.

\*\*Laboratory Animal Specific

\*\*\*Designated Exam/Treatment use

**Radiology:**

Protective Apron	Protective Thyroid Shield	Protective Gloves
Storage Rack for PPE	Radiation Dosimeter Badges	Calipers
Fixed Radiology Machine	Portable Radiology Machine	Dental Radiology Unit
Cassette or Plate Holders	High Speed/Rare Earth Screens	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:**

Rodent
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**Other Necessary Supplies & Equipment:**

*Controlled Drug Cabinet	Nail Trimmers
Microchip Scanner	Laboratory Animal Restraint Equipment

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\*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:

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.



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I agree to the above statements:

Please add your signature below.

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X

Primary Preceptor

**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:

\_\_\_\_\_

Name of individual submitting this application:

\_\_\_\_\_

X

Practice Owner or Practice Manager

Date: