



STUDENT CHECKLIST

for Clinical Instruction Sites

Instructions for completing the agreements for DEVAP clinical instruction sites:

Prior to starting courses in the DEVAP, students must make certain that the following documents have been completed and submitted to the Cedar Valley College DEVAP. This documentation is in addition to that required for acceptance into the DEVAP. It is the student's responsibility to make sure that preceptors complete the documents that they sign.

FORM	DESCRIPTION	WHO COMPLETES IT?
<input type="checkbox"/> Preceptor Agreement	A Preceptor Agreement must be established between the DEVAP and the preceptor(s) that you intend to utilize during the course(s) in which you are enrolled. Preceptor agreements are valid for up to one year and must be renewed annually in July. If you are unsure of the status of your preceptor, contact the DEVAP staff to verify the preceptor's status.	Preceptor
<input type="checkbox"/> Facility Agreement	A Facility Agreement must be established between the DEVAP and the Clinical Instruction Site that you intend to utilize during the course(s) in which you are enrolled. Facility Agreements are valid for up to one year and must be renewed annually in July. If you are unsure of the status of your clinical instruction site, contact the DEVAP staff to verify the status of the location.	Preceptor
<input type="checkbox"/> Health Risk Acknowledgement	In order to participate in DEVAP courses, you must have completed and submitted this form. If you have submitted this form in the past, you do NOT need to submit it again.	Student
<input type="checkbox"/> Hospital Standards Agreement	A Hospital Standards Agreement must be established between the DEVAP, your primary preceptor, and the Clinical Instruction Site that you intend to utilize during the course(s) in which you are enrolled. Hospital Standards Agreements are valid for up to one year and must be renewed annually. If you are unsure of the status of your clinical instruction site, contact the DEVAP staff to verify the status of the location.	Preceptor
<input type="checkbox"/> Agreement and Release of Liability	In order to participate in DEVAP courses, you must have completed and submitted this form. If you have submitted this form in the past, you do NOT need to submit it again.	Student

PRECEPTOR AGREEMENT for CLINICAL INSTRUCTION SITES

To be approved as acceptable clinical instruction sites, veterinary care facilities must meet certain minimum standards regarding hospital staff. For validation of tasks and assignments, each Clinical Instruction Site must have a designated preceptor who is responsible for evaluating the DEVAP student. Preceptors must either be a graduate DVM, a graduate of an AVMA accredited program of veterinary technology, or a person credentialed as an RVT or its equivalent. Preceptors must always directly witness or participate in all assignments for the student to receive credit.

Students are required to have at least one preceptor in each course or courses for which they are enrolled. There may be more than one preceptor for each student, but all preceptors must meet the minimum requirements for preceptor approval. Once approved, the primary preceptor will be mailed a preceptor information packet for each course in which the student is enrolled. The handbook will contain the guidelines for preceptors, as well as tests, exams, and practice assignments. Preceptors are essential to the success of the student in the course. It is position that will require time and dedication to the success of the student in the course. In many cases it will be advantageous to the student to have multiple preceptors, each with an interest in a specific area. In many cases, only one or two people may qualify to serve as preceptors in a practice. In other practices, many individuals may be qualified to serve in this capacity. Multiple preceptors may also decrease the burden on any one person in the practice in their preceptor responsibilities.

If more than one preceptor is to be approved within a Clinical Instruction Site, one of the preceptors must be designated as the Primary Preceptor. This individual is ultimately responsible for verification of task and assignment completion. If a credentialed technician is present at a clinical site, this person must be utilized as a preceptor but need not be the primary preceptor. The modeling behavior of the credentialed technician in their interaction with both the veterinarian and other lay staff is an important part of the DEVAP curriculum. In order to meet AVMA accreditation requirements, at least 50% of the clinical instruction completed during the DEVAP must be completed while a credentialed technician is present in the clinical facility. For this reason, some students may need to identify mentors at other practices to supervise portions of their clinical instruction.

Preceptors will monitor and evaluate in clinic assignments, insure academic honesty in testing and exams, liaison with the course instructor, and act as mentor and in-clinic tutor for the student. Preceptor(s) should anticipate working with or monitoring each student 5 to 15 hours per week. We foresee no more than 1 to 2 hours weekly that the preceptor will be away from their usual duties. Preceptors should carefully consider before agreeing to serve in this capacity. Once a course is undertaken, the preceptor is an integral part and must fulfill their commitment to the student. If there are questions or concerns about serving as a preceptor, individuals should contact the course instructor at the addresses or numbers listed in the syllabus.

Policy on Student Professional Liability

Procurement of professional liability insurance for students and preceptors participating in the DEVAP is the responsibility of the student and their preceptor(s). Cedar Valley College, the Dallas County Community College District, the American Animal Hospital Association, and their officers, members, agents or employees are not to be held liable to students for liability arising out of real or alleged wrongful acts or omissions or for payment of court costs, expert legal counsel, and claims adjusters from such acts.

PLEASE PRINT OR TYPE

Hospital Information	Hospital Name _____ Address _____ City _____ State/Province _____ Zip/PC _____					
	Hospital Phone _____		Hospital Fax _____		E-mail or Web Address _____	
	<input type="checkbox"/> This practice carries professional liability insurance which covers students working under my supervision. <input type="checkbox"/> I give permission for Cedar Valley College to post the name and geographic location of this hospital, in print and on the Internet, as an approved location for Off-Campus Clinical Instruction.					
Primary Preceptor	Last Name _____ First _____ MI _____ Title _____					
	Home Phone _____		E-mail Address _____		Signature _____	
	Degree _____		Institution _____		Date of Award (Mo/Yr) _____	
	If an RVT or equivalent and not degreed, list state _____ and date of registration: _____ By completing this application, I agree to fulfill the preceptor requirements for DEVAP courses and agree to act as preceptor for students enrolled in the DEVAP. I understand that this application is valid for up to one calendar year and must be renewed annually to remain effective. I have read and understand the Policy on Professional Liability Insurance and agree to the terms of that policy. <input type="checkbox"/> I give permission for Cedar Valley College to post my name and geographic location, in print and on the Internet, as an approved preceptor for off-campus clinical instruction.					
Additional Preceptor 1	Last Name _____ First _____ MI _____ Title _____					
	Home Phone _____		E-mail Address _____		Signature _____	
	Degree _____		Institution _____		Date of Award (Mo/Yr) _____	
	If an RVT or equivalent and not degreed, list state _____ and date of registration: _____ <input type="checkbox"/> I give permission for Cedar Valley College to post my name and geographic location, in print and on the Internet, as an approved preceptor for off-campus clinical instruction.					
Additional Preceptor 2	Last Name _____ First _____ MI _____ Title _____					
	Home Phone _____		E-mail Address _____		Signature _____	
	Degree _____		Institution _____		Date of Award (Mo/Yr) _____	
	If an RVT or equivalent and not degreed, list state _____ and date of registration: _____ <input type="checkbox"/> I give permission for Cedar Valley College to post my name and geographic location, in print and on the Internet, as an approved preceptor for off-campus clinical instruction.					
Additional Preceptor 3	Last Name _____ First _____ MI _____ Title _____					
	Home Phone _____		E-mail Address _____		Signature _____	
	Degree _____		Institution _____		Date of Award (Mo/Yr) _____	
	If an RVT or equivalent and not degreed, list state _____ and date of registration: _____ <input type="checkbox"/> I give permission for Cedar Valley College to post my name and geographic location, in print and on the Internet, as an approved preceptor for off-campus clinical instruction.					
APPROVAL STATUS (Office Use Only)	Primary Preceptor	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	Date: _____ Initials: _____
	Additional Preceptor 1	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	Date: _____ Initials: _____
	Additional Preceptor 2	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	Date: _____ Initials: _____
	Additional Preceptor 3	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	Date: _____ Initials: _____

ESSENTIAL EQUIPMENT

The following equipment items must be present at the clinical instruction site and available for use by the DEVAP student. A clinic must have at least 75% of the following equipment to be approved as a clinical instruction site. Items in bold **MUST** be present for approval. Items followed by an asterisk are optional but desirable.

Anesthesia equipment

- Anesthetic machine**
 - Inhalent anesthetic agent(s) available
 - Isoflurane
 - Halothane
 - Sevoflurane
 - Nitrous oxide
 - Other _____
 - Waste gas scavenging system present**
 - Non-rebreathing system
- Endotracheal tubes**
- Warm water blanket or other hypothermia prevention device
- Animal gurney or stretcher*
- Laryngoscope*

Surgical Instrumentation, related equipment, and supplies

- Basic surgical instruments (spay pack, etc.)**
- Orthopedic instruments and equipment
- Electrosurgical equipment*
- Bathing and surgical preparation equipment**
- Defibrillator*
- Electric clippers**
- Vaginal speculum
- Tourniquet
- Surgical table**
- Surgical lights**
- Autoclave**
- Autoclave indicator tape or other verification method**
- Surgical caps, gowns, masks, and gloves**
- Surgical preparation supplies (scrub, gauze 4x4's, etc)**
- Suture materials of various types, with and without needle**
- Cast cutter

Examination and Treatment Equipment

- Examination table
- Stethoscope
- Ophthalmoscope
- Oscope
- Examination gloves and lubricant
- Bandaging and splinting supplies
- Enema bag or administration devices
- Intravenous catheters
- Syringes and disposable needles
- Examination gloves
- Fluorescein stain
- Schirmer tear test strips

Radiology Equipment

- Fixed x-ray machine or
- Portable x-ray machine
- Automatic film processor*
- Lead aprons
- Lead gloves
- Thyroid collars
- Calipers
- Cassette holders
- High speed/rare earth screens
- Film identification markers
- Hand dark room an developing equipment
- Radiation safety badges
- Storage racks for gloves and aprons
- X-ray viewbox
- Lead eyeglasses*
- Ultrasound*

Monitoring equipment

You must have at least two types of monitoring equipment available for student use.

- Electrocardiograph
- Esophageal stethoscope
- Oscilloscope (cardiac)
- Pulse oximeter*
- Indirect blood pressure monitor*
- Doppler monitor*
- End tidal CO₂ monitor*
- Other monitoring device(s) _____

Laboratory equipment

- Centrifuge**
- Microhematocrit centrifuge**
- Clinical chemistry analyzer
- Differential blood cell counter (e.g. QBC autoreader)
- Electronic blood cell counter*
- Hand tally cell counter
- Hemacytometer and Unopette cell lysing kits
- Incubator
- Microscope**
- Necropsy table/equipment
- Refractometer**
- Scale
- Common dipstick tests (urine and blood)**
- Blood glucose meter*
- ELISA or other occult heartworm detection kit or**
- Filter heartworm detection kit**
- Coagulation tests
- Dermatophyte test media**
- Bacterial culture media

Other essential equipment

- Narcotics locker
- Nail trimmers
- Appropriate cages, kennels, stalls, and exercise areas

Additional Equipment Required for Companion Animal Locations

The following equipment must be present or available at sites wishing to be approved for companion animal clinical training.

- Elizabethan collars**
- Restraint pole**
- Muzzles (nylon, leather, etc.)**
- Dental instruments**
 - Hand instruments (elevators, scalers, etc.)**
 - Dental polisher
 - Ultrasonic scaler**
 - Oral speculum**

Additional Equipment Required for Food and Farm Animal Locations

The following equipment must be present or available at sites wishing to be approved for food and farm animal clinical training.

- Cattle chute**
- Equine stocks*
- Twitch**
- Nose tongs**
- Ropes for restraint**
- Balling gun**
- Dose syringe**
- Stomach tubes**
- Obstetric equipment**
- Oral speculum**
 - Frick tube
 - Bayer wedge
 - Spool-type speculum
 - Other _____
- Stomach pump
- Hog snare

HOSPITAL STANDARDS AGREEMENT for CLINICAL INSTRUCTION SITES

To be approved as acceptable Clinical Instruction Sites, veterinary care facilities must meet certain minimum criteria regarding hospital standards. These standards must be maintained to ensure that students in the DEVAP receive a quality education that stresses acceptable medical standards. Each Clinical Instruction Site must agree to follow these standards in order to be approved. A videotape of the site and/or still photographs of relevant work areas must also be submitted. See the description at the end of this document for a full list of items that should be included on the videotape or still photographs.

Note: If your hospital or clinic is AAHA accredited, you need only send verification of your accreditation status and complete the last page of this document. Your hospital's accreditation status (2, 3 or 4 year level) will be kept strictly confidential and will be used only to determine the renewal date for approval as an OCCI location.

Please review the following list of standards:

Medical Records

- There must be an established system of medical record keeping within the practice.
- Medical records must be legible.
- Medical records must clearly reflect the date, initial problem, pertinent history, examination findings, and plan for treatment and care.
- Each patient must be properly identified. The following identification must be recorded accurately on each patient's medical record: patient's name (ID number if applicable), species, breed, date of birth, sex, color, and/or markings.
- Each client must be identified properly. The owner's name, address, home, and alternate telephone numbers must be recorded accurately.
- A report of physical examinations must be made. All patients must be given an appropriate physical examination prior to all medical or surgical procedures. A systematic procedure of examination should be followed.
- Records of treatment, both medical and surgical, must minimally reflect all procedures performed in chronological order and in the context of the medical or surgical problem to which they pertain.

Examination Facilities

- Examination facilities must be provided to demonstrate tasks to students.
- Each examination room must be supplied with cleaning materials, disinfectant, disposable towels, and a waste receptacle.
- To facilitate hand washing between each patient, a sink must be located in or convenient to each examination room.

Pharmacy

- ❑ All logs must not be stored in the locked cabinet used to store those drugs to which it applies.
- ❑ Documentation must be retained for the full statute of limitations as established by federal, state, or provincial regulations.
- ❑ Adequate supplies of drugs and supplies must be available at all times.
- ❑ All outdated drugs are returned or disposed of in accordance with federal, state, or provincial regulations.
- ❑ When dispensing medication, each label must:
 - ❑ Be typed or printed (clear tape placed over the label to preserve it.)
 - ❑ Be permanently affixed to the container
 - ❑ Include expiration, if appropriate
 - ❑ Include warning labels, if appropriate
- ❑ Each label must be recorded thereon:
 - ❑ Client's name
 - ❑ Patient's name
 - ❑ Date
 - ❑ Name of drug
 - ❑ Usage directions including route of administration
 - ❑ Quantity dispensed
 - ❑ Hospital's name, address, and phone number including area code
 - ❑ Name of the veterinarian dispensing the drug
- ❑ Drugs must only be dispensed or administered on the order of a licensed veterinarian.
- ❑ Drugs used in euthanasia procedures must be stored in a locked cabinet. It is recommended that these agents be identified and segregated.
- ❑ Each dose of any medication administered, dispensed, or prescribed must be recorded on the medical record, including usage directions, quantity, and number of refills.
- ❑ Hazardous medications (e.g., chemotherapeutic medications) must be handled in accordance with federal, state, or provincial regulations.
- ❑ All dispensed or repackaged medications must be in approved, child-resistant containers unless otherwise requested by the client or if the drug is in a form which precludes it from being dispensed in such a container.
- ❑ The container must in no way alter the drugs being dispensed and must be moisture resistant.
- ❑ Each pharmacy must contain at least one reference text or compendium of pharmaceuticals which is current (within three years) and provides the necessary information on drugs, chemicals, and biologics in use within the hospital or dispensed for use by the client.
- ❑ Current antidote information must be readily available for emergency reference in addition to the telephone number of the nearest poison control center.
- ❑ Facilities must be provided for storage, safekeeping, and use of drugs in accordance with federal, state, or provincial regulations.
- ❑ Controlled drugs must be stored in a securely locked, substantially constructed cabinet or safe as required by federal, state, or provincial regulations.

Laboratory

- ❑ Each specimen must be identified with the identification of the patient.
- ❑ Each necropsy procedure and record thereof must be thorough and detailed.
- ❑ Reference range values must be available for all laboratory tests performed.
- ❑ Adequate space must be provided for performance of services and proper storage of reagents.
- ❑ The countertop must be impervious and stain resistant with adequate lighting in all work areas.

Diagnostic Imaging

- ❑ Radiographic equipment must be operated only by persons aware of all hazards, actual and potential, to themselves, assisting personnel, patients, and other nearby individuals in order to eliminate or reduce hazards to minimum acceptable levels.
- ❑ Educational information must be available to all staff concerning radiation safety.
- ❑ Documentation of a radiation safety program must be on file.
- ❑ Radiation safety procedures must be in compliance with all federal, state, provincial, or local regulations.
- ❑ Dosimeter monitoring of exposure levels must be provided for all personnel working with or near an X-ray generator.
- ❑ The individual badge must be worn near the collar on the outside of the leaded apron.
- ❑ Records of dosimetry results must be maintained indefinitely and be readily available.
- ❑ Exposure results must be communicated to the staff.
- ❑ Machines must be inspected in accordance with federal, state, or provincial regulations and results posted.
- ❑ Images of patients must be identified properly and filed for easy location and retrieval. Because radiographic images are an element of the medical record, they must also be retained in compliance with federal, state, or provincial regulations.
- ❑ Loaded cassettes must be stored in a manner to protect them from unintended exposure.
- ❑ Radio-opaque characters must be used to identify right (R) and left (L) sides of the patient.
- ❑ Permanent identification of each image is required and must occur prior to processing. Minimal image identification must include date, patient identification, and hospital identification.
- ❑ All personnel must wear protective apparel while in the room during exposure.
- ❑ Proper safelight(s) with lamps of correct wattage must be mounted at the recommended distance from the work areas.

Anesthesiology

- ❑ Anesthesia services must be provided.
- ❑ Anesthesia services must include performance of routine preanesthetic examination and exercise of proper safeguards in selection and use of anesthetics.
- ❑ Anesthetic agents must be administered by a veterinarian or by persons trained in their administrations and then only under supervision of a veterinarian who must be on the premises. Administration must be in compliance with federal, state, or provincial regulations.
- ❑ Some method of respiratory monitoring must be used, such as observing chest movements, watching the rebreathing bag, or use of a respiratory monitor.
- ❑ When endotracheal tubes are used, they must remain in place during recovery from anesthesia until appropriate protective reflexes have returned.
- ❑ All equipment needed for the administration of local and general anesthesia must be readily available and in good repair.
- ❑ The anesthetic area must have emergency lighting available.
- ❑ Some means of assisting ventilation must be readily available during general anesthesia, either manual or mechanical.
- ❑ The facility must contain an area for the administration of general anesthesia.
- ❑ A recovery area outside the operating room or a recovery room where the patient can be observed closely until appropriate protective reflexes have returned must be available. Observations should occur at frequent intervals until the patient is in sternal recumbency.

Dentistry

- ❑ A routine examination of any animal must include examination of the teeth, gums, oral cavity, and other structures and tissues associated with the teeth.
- ❑ Prophylactic dental services (scaling and polishing) must be provided.
- ❑ Only properly trained personnel may perform dental procedures. Such performance must be in compliance with state or provincial licensing bodies.
- ❑ Personnel operating dental equipment must wear masks, eye protection, and gloves or other protective equipment to prevent nosocomial infection.
- ❑ The decision to extract teeth must be made by the veterinarian.
- ❑ Dental prophylaxis must not be done in the operating room, except in the case of oral surgery.

Surgery

- ❑ All surgeries must be performed by a licensed veterinarian.
- ❑ Surgical assistants and the surgeon must be properly attired with cap, mask, sterile gown, and sterile gloves when major surgery is performed.
- ❑ Surgeons, surgical assistants, and operating room attendants must wear a surgical cap and mask at all times while in the surgical suite and when a sterile field exists therein. All scalp and facial hair must be completely covered by the cap and mask. Operating room attendants should remain outside of the sterile field.
- ❑ Surgical procedures require the use of sterilized instruments, gowns, towels, drapes, and gloves as well as clean caps and masks.
- ❑ A regular maintenance program for autoclaves and other sterilizing equipment must be instituted.
- ❑ Surgical packs must be steamed or gas sterilized.
- ❑ Sterile surgical packs must be used for each patient
- ❑ When gas or steam sterilization procedures are used, sterility indicators must be in evidence on the exterior surface of each unit.
- ❑ When large surgical bundles are sterilized monitors that verify appropriate steam temperature and time must be used in the center of each pack.
- ❑ The drapes, laparotomy sheets, towels, gauze sponges,, suture materials, and gowns to be sterilized must be properly wrapped. The contents of the bundles must be in good repair, cleaned or laundered, dried, wrapped, and sterilized.
- ❑ Surgical packs must be dated with the date on which they were sterilized. If not used within 30 days, packs must be resterilized prior to use.
- ❑ Single-use sterile surgical gloves must be used.
- ❑ Cold sterilization must be changed in accordance with manufacturer's recommendations.
- ❑ The use of cold sterilization must be limited to those instruments used in minor surgical procedures or those cannot be steam sterilized.
- ❑ Preoperative preparation must be performed outside the operating room. The preparation room should be separate room convenient to the operating room and well lit. Floors, walls, and counter tops should be of smooth, impervious, material which is easily cleaned.
- ❑ The operating room must be a separate, closed, single-purpose room for the performance of only aseptic surgical procedures.
- ❑ The operating room must be so constructed and equipped that cleanliness can be easily maintained.

Nursing Care

- ❑ Nursing care must be provided.
- ❑ Nursing care must include the provision of diagnostic, pre-surgical, surgical, and recovery procedures as well as custodial care.
- ❑ All patient care provided by the nursing staff must be under the supervision of a veterinarian.
- ❑ Assignments must be made so that one person is responsible for the proper observation of each anesthetized patient.
- ❑ All patients must be positively and properly identified during their hospital stay.
- ❑ Each medication must be entered on the patient's medical record showing date, name of drug, type, dose, route of administration, and frequency of administration.
- ❑ The practice staff must demonstrate humane care of animals. The facility must provide for the prevention of animal abuse and neglect of patients.
- ❑ Nursing personnel must ensure that all animals are individually housed unless otherwise requested by the owner and approved by the veterinarian.
- ❑ Proper protective apparel must be worn by all personnel performing therapeutic bathing and dipping.
- ❑ The nursing staff must be familiar with the proper handling and disposal of all waste materials and the cleaning and disinfection of compartments, exercise areas, and runs.

Housekeeping and Maintenance

- ❑ The facility and staff must present a professional appearance. The following must be clean and in good repair.
- ❑ Walls
- ❑ Ceilings
- ❑ Windows
- ❑ Floors and carpets
- ❑ Furniture and draperies
- ❑ Fixtures, including light and plumbing fixtures
- ❑ Equipment and appliances
- ❑ All cleaning supplies must be used in accordance with manufacturers' instructions and in compliance with federal, state, local, and provincial regulations.
- ❑ Linens must be stored in such a way as to minimize contamination from surface contact or airborne sources.
- ❑ Soiled or contaminated linens must be handled in such a way as to prevent cross-contamination of the areas of the hospital.
- ❑ Faucets and drains must be inspected regularly and maintained in proper working order.
- ❑ Tanks containing compressed gases must be securely fastened to prevent falling or tipping.
- ❑ Compressed gas tank valves, regulators, lines, washers must be checked periodically for leakage.
- ❑ Mechanical systems throughout the hospital must be maintained in accordance with written preventive maintenance programs.
 - ❑ Waste disposal must be carried out in accordance with good public health practice and federal, state, provincial, and local regulations.
 - ❑ Biomedical waste, such as culture plates, tubes, contaminated sponges, swabs, biologicals, needles, syringes, and blades, must be disposed of according to federal, state, local, and provincial regulations.
 - ❑ Adequate safety precautions must be used in disposing animal carcasses and tissue specimens. Disposal must be according to federal, state, local, and provincial regulations.
 - ❑ Deceased animals not disposed of within 24 hours must be sealed in heavy plastic bags and refrigerated or frozen.
 - ❑ If an incinerator is used, it must be installed and maintained according to federal, state, local, and provincial regulations.
 - ❑ Grounds surrounding an animal hospital must be neat, attractive, and in safe condition at all times.
 - ❑ Rubbish, papers, and fecal material from animals must be picked up from lawns, sidewalks, and parking areas on a daily schedule.
 - ❑ The hospital must be equipped to operate under safe and sanitary conditions
 - ❑ Ventilation and heating systems and air conditioning and heating equipment must be installed in accordance with applicable codes and appropriate standards.
 - ❑ The ventilation system must ensure that a controlled and regularly filtered air supply is provided in critical areas, such as surgical suite, preparation areas, special care units, and ward areas.
 - ❑ Water must be safe for use by employees, patients, and clients in accordance with federal, state, local, and provincial regulations.

Verification Videotape

As a method of verifying your hospital's physical plant so that we can become acquainted with your facilities, please produce a videotape (preferred) or still photographs of your practice and submit them along with this agreement. If you submit a video, the tape must be in VHS format. Still photographs can be submitted as printed photos or as digital images. Digital images should be stored as JPEG, GIF, or TIFF files and can be submitted on 3 ½" disks or on a Zip disk. The submissions should include all areas of the practice, including the exterior and all interior working areas within the practice. Please include storage areas, the reception area, surgical suite(s), radiology suite(s), examination room(s), kennel and boarding areas, treatment areas, and any other areas that are routinely utilized. Offices and restrooms need not be included. All submissions become the property of the DEVAP and will not be returned.

Non AAHA Accredited Facilities

As the Primary Preceptor at this Clinical Instruction Site, I agree to abide by, practice, and enforce the above standards. This agreement will remain in effect for up to one year, at which time it can be renewed. The agreement expires in July, and you will be sent a reminder prior to its expiration.

Printed Name

Signature

Date

Disclaimer: Completion of this document does not imply that a hospital is AAHA Accredited.

AAHA Accredited Facilities

This agreement will remain in effect until the date of your next reaccreditation visit. Your hospital's accreditation status with AAHA will be kept confidential and will only be used to set your OCCI renewal date.

- My hospital is AAHA accredited at the [2 3 4] year level. I am including a copy of the accreditation documentation. circle one

Printed Name

Signature

Date



HEALTH RISK ACKNOWLEDGEMENT

for CLINICAL INSTRUCTION SITES

Assumption of risk: All DEVAP students working in a veterinary facility encounter animals that may cause traumatic injury and/or expose them to infectious agents that cause disease. They will also be exposed to ionizing radiation (e.g. X-rays), volatile anesthetic gases, and chemical substances which can cause bodily harm. By enrolling in DEVAP courses, students voluntarily accept that these risks exist and assume the responsibility to act safely and responsibly at all times.

Pregnancy: Pregnancy shall be considered a condition for which there are definite health concerns, for which the student needs additional information about these concerns, and for which Cedar Valley College, the Dallas County Community College District, and the clinical preceptor(s) need assurance that the student has received this information from her physician. In the event of pregnancy, the student must provide written assurance to the DEVAP and the clinical preceptors that she has received this information from her physician, understands the risks involved, agrees to take all reasonable precautions, and still desires to continue with her educational program.

Rabies: The level of risk for rabies exposure is dependent upon the geographical location of the Clinical Instruction Site, the type of animals to which the student is exposed, and the degree of contact with animals potentially carrying the rabies virus. The DEVAP student should be aware that all students enrolled in the Cedar Valley College onsite Veterinary Technology Program are required to either complete the initial rabies pre-exposure vaccination series or sign a waiver of responsibility. The DEVAP student is expected to consult with and be advised by his/her physician and appropriate public health authorities regarding rabies immunization.

Tetanus: If a student has never received tetanus immunization, the student should receive such immunizations as advised by his/her physician. If the student has had the initial series, they should consult with their physician as to whether a booster immunization is required.

I have read the above information of the potential health risks involved with my participation in the DEVAP. I understand that Cedar Valley College, the Dallas County Community College District, and the American Animal Hospital Association are not responsible for paying medical bills, costs, or expenses for injuries sustained by me while participating in the DEVAP. I understand that all medical bills, costs, or expenses are my responsibility.

_____ I am currently covered by health insurance that will cover treatments for potential injuries and illnesses resulting from my participation in the DEVAP.

_____ I am not presently covered by health insurance. I understand that Cedar Valley College, the Dallas County Community College District, and the American Animal Hospital Association are not responsible for paying medical expenses for injuries sustained by me while participating in the DEVAP.

Printed Name

Signature

Date



AGREEMENT AND RELEASE OF LIABILITY for CLINICAL INSTRUCTION SITES

By enrolling in the DEVAP, I recognize that I am cognizant of all the dangers inherent in the veterinary medical profession and of the basic safety rules for activities conducted in association with this program.

I further acknowledge that I have familiarized myself with any additional dangers associated with the site that I have chosen to perform my clinical instruction. I acknowledge that my decision to choose this Clinical Instruction Site was not influenced by Cedar Valley College, the Dallas County Community College District, nor the American Animal Hospital Association.

I understand that it is not the purpose of Cedar Valley College, the Dallas County Community College District, or the American Animal Hospital Association to serve as guardians of my safety while enrolled in the DEVAP. I further understand and agree that neither Cedar Valley College, the Dallas County Community College District, American Animal Hospital Association, or any of their officers, members, agents or employees may be held liable in any way for any occurrence which may result in injury, death or other damages to me or my family, heirs, or assigns in connection with my participation in the DEVAP.

In consideration of my enrollment in the DEVAP, I hereby personally assume all risks in connection with them, and I further release and discharge Cedar Valley College, the Dallas County Community College District, and the American Animal Hospital Association and any of their officers, members, agents or employees (the "Released Parties) for any injury or damage, including death, that may befall me while I am enrolled as a student in the DEVAP, including all risks connected therewith, whether foreseen or unforeseen and further to save and hold harmless the Released Parties from any claim by me, or my family, estate, heirs or assigns, arising out of my enrollment and participation in the DEVAP.

I further state that I am of lawful age and legally competent to sign this affirmation and release, and I understand that the terms herein are contractual. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I am aware that this is a release of liability and a contract drawn between myself and Cedar Valley College, the Dallas County Community College District, the American Animal Hospital Association, and any of their officers, members, agents or employees. I have signed this affirmation of my own free will.

Policy on Student Professional Liability

Procurement of professional liability insurance for students and preceptors participating in the DEVAP is the responsibility of the student and their preceptor(s). Cedar Valley College, the Dallas County Community College District, the American Animal Hospital Association, and their officers, members, agents or employees cannot be held liable for student liability arising out of real or alleged wrongful acts or for payment of court costs, expert legal counsel, and claims adjusters from such acts.

I further state that I have read and understood the policy on student professional liability insurance and responsibilities and agree to the terms of that policy.

Printed Name of Student _____

Signature _____

Date _____

Street Address _____

City _____

State _____

Zip/Postal Code _____

Witness Signature _____

Date _____