

**San Juan College**  
**Veterinary Technology Distance Learning Program (VTDLP)**  
**Off-Campus Clinical Instruction (OCCI)**  
**Site Agreement**

This agreement is between: San Juan College Veterinary Technology Distance Learning Program  
4601 College Boulevard  
Farmington, NM 87402

And

WORKSHEET  
DO NOT  
SUBMIT

|                  |  |              |  |          |  |
|------------------|--|--------------|--|----------|--|
| FACILITY         |  |              |  |          |  |
| ADDRESS          |  |              |  |          |  |
| CITY             |  | STATE        |  | Zip Code |  |
| FACILITY PHONE   |  | FACILITY FAX |  |          |  |
| FACILITY WEBSITE |  |              |  |          |  |

Veterinary care facilities may be approved as acceptable for courses relating to companion animals, food and farm animals, or both. Please indicate the approval you are requesting. Note that food and farm animal facility approval is not required for students entering tier 2 or 3 level coursework. In order to complete all required tasks for graduation, all tier 4 students will need either an approved food and farm animal facility or must attend a VTDLP Fast Track Lab.

**Select facility type**

- Companion Animal only       Food/farm Animal only (aka large animal)       BOTH companion and large animal

If applying for companion animal veterinary care facility, facility photographs are required of the items listed below. You will be notified by e-mail of any additional photos that must be submitted after initial review of this application is completed.

***If any or all of these can be viewed on the facility website listed above, please indicate by clicking on the box next to those items.***

- |   |   |
|---|---|
| <input type="checkbox"/> Reception area                                   | <input type="checkbox"/> Lab area and lab equipment |
| <input type="checkbox"/> Radiology area and equipment                     | <input type="checkbox"/> Treatment areas            |
| <input type="checkbox"/> Radiology developing area(s)                     | <input type="checkbox"/> Hospital exterior          |
| <input type="checkbox"/> Examination rooms                                |   |
| <input type="checkbox"/> Surgical suite & anesthetic monitoring equipment |   |

# Companion Animal Facility Equipment List

The following equipment items must be present at clinical instruction site(s) and available for use by the VTDL student to complete the required AVMA clinical tasks. However, if a facility does not have all of the listed equipment, the facility should still apply to be approved under the condition that the student may need to locate a secondary facility for certain clinical tasks or the ability of the instructor to provide an alternative solution within AVMA guidelines.

## **Anesthesia Equipment**

A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.

- |  |  |
|--|--|
| <input type="checkbox"/> Anesthetic machine - small animal | <input type="checkbox"/> Non-rebreathing system              |
| Inhalant anesthetic agent(s) available:                    | <input type="checkbox"/> Endotracheal tubes                  |
| <input type="checkbox"/> Isoflurane                        | <input type="checkbox"/> Waste anesthetic gas exhaust system |
| <input type="checkbox"/> Sevoflurane                       |  |

## **Surgical Instrumentation, Related Equipment, and Supplies**

A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.

- |   |  |
|---|--|
| <input type="checkbox"/> Autoclave                                    | <input type="checkbox"/> Endotracheal tubes  |
| <input type="checkbox"/> Basic surgical instruments (spay pack, etc.) | <input type="checkbox"/> Orthopedic equipment  |
| <input type="checkbox"/> Controlled drug cabinet                      | <input type="checkbox"/> Surgical table  |
| <input type="checkbox"/> Electric clippers                            | <input type="checkbox"/> Surgical lights   |
| <input type="checkbox"/> Warming pad/blanket                          | <input type="checkbox"/> Emergency Crash kit with accessible drugs, supplies and equipment |

## **Monitoring Equipment**

A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.

- Blood pressure monitoring equipment
- Cardiac Monitor
- Espophageal stethoscope
- Pulse oximeter
- Capnograph

## **Dental Instruments**

A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.

- Ultrasonic scaler
- Dental polisher
- Dental instruments

## **Examination and Treatment Equipment**

A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.

- |   |  |
|---|--|
| <input type="checkbox"/> Bandaging/casting material                 | <input type="checkbox"/> Scales                          |
| <input type="checkbox"/> Bathing equipment                          | <input type="checkbox"/> Stethoscope                     |
| <input type="checkbox"/> Cages complying with federal regulations   | <input type="checkbox"/> Syringes and disposable needles |
| <input type="checkbox"/> Examination tables                         | <input type="checkbox"/> Tonometer                       |
| <input type="checkbox"/> Ophthalmoscope                             | <input type="checkbox"/> Tourniques                      |
| <input type="checkbox"/> Oral dosing equipment-small and lab animal | <input type="checkbox"/> Tubes - feeding and gavage      |
| <input type="checkbox"/> Otoscope                                   | <input type="checkbox"/> Vaginal Speculum                |

## Companion Animal Facility Equipment List (continued)

### **Radiology Equipment**

*A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.*

- |  |  |
|--|--|
| <input type="checkbox"/> Aprons and gloves, lead lined | <input type="checkbox"/> Lead thyroid collars                |
| <input type="checkbox"/> Automatic film processor      | <input type="checkbox"/> Radiation safety badges             |
| <input type="checkbox"/> Calipers                      | <input type="checkbox"/> Storage racks for gloves and aprons |
| <input type="checkbox"/> Cassette holders              | <input type="checkbox"/> Radiographic machine - fixed        |
| <input type="checkbox"/> Film                          | <input type="checkbox"/> Radiographic machine - portable     |
| <input type="checkbox"/> Film identification markers   | <input type="checkbox"/> Radiographic viewer                 |
| <input type="checkbox"/> High speed/rare earth screens |  |

### **Laboratory Equipment**

*A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.*

- |  |   |
|--|---|
| <input type="checkbox"/> Blood mixer/rocker              | <input type="checkbox"/> Hemacytometer              |
| <input type="checkbox"/> Centrifuge                      | <input type="checkbox"/> Incubator                  |
| <input type="checkbox"/> Clinical chemistry analyzer     | <input type="checkbox"/> Microhematocrit centrifuge |
| <input type="checkbox"/> Differential blood cell counter | <input type="checkbox"/> Microscope                 |
| <input type="checkbox"/> Electronic blood cell counter   | <input type="checkbox"/> Refractometer              |
| <input type="checkbox"/> Hand tally cell counter         | <input type="checkbox"/> Scales, laboratory         |

### **Other Essential Equipment**

*A checked box indicates that your facility has the equipment on site, a blank box indicates that it does not.*

- |  |  |
|--|--|
| <input type="checkbox"/> Controlled drug cabinet | <input type="checkbox"/> Muzzles                             |
| <input type="checkbox"/> Elizabethan collars     | <input type="checkbox"/> Nail trimmers                       |
| <input type="checkbox"/> Microchip scanner       | <input type="checkbox"/> Restraint equipment - rabbit rodent |
| <input type="checkbox"/> Restraint pole          |  |

## Facility Standards

To be approved as an off-campus clinical instruction (OCCI) site for the San Juan College Veterinary Technology Distance Learning Program, veterinary care facilities must meet certain minimum standards regarding hospital staff, equipment, and practice quality. Each Clinical Instruction Site must agree to follow these standards in order to be approved. These minimum standards must be met in order to assure that students receive adequate exposure to quality veterinary medical practices and equipment. A reply of "yes" indicates that your facility adheres to the standard, a reply of "no" indicates that it does not.

Yes No

### Medical Records

- 1) There **must** be an established system of medical record keeping within the practice.
- 2) Medical records must be legible.
- 3) Medical records must clearly reflect the date, initial problem, pertinent history, examination findings, and plan for treatment and care.
- 4) 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.
- 5) Each client **must** be identified properly. The owner's name, address, home, and alternate telephone numbers are recorded accurately.
- 6) A report of all 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 **must** be followed.
- 7) Records of treatment, both medical and surgical, should reflect all procedures performed in chronological order and in the context of the medical or surgical problem to which they pertain.

Yes No

### Examination Facilities

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

Yes No

### Pharmacy

- 1) All logs should not be stored in the locked cabinet used to store those drugs to which it applies.
- 2) Documentation **must** be retained for the full statute of limitations as established by federal, state, or provincial regulations.
- 3) Adequate supplies of drugs and supplies **must** be available at all times.
- 4) All outdated drugs **must** be returned or disposed of in accordance with federal, state, or provincial regulations.

Yes No Pharmacy (continued)

- 5) When dispensing medication, each label **must** be typed or printed (clear tape placed over the label to preserve it)
- 6) When dispensing medication, each label **must** be permanently affixed to the container
- 7) When dispensing medication, each label **must** include expiration, if appropriate
- 8) When dispensing medication, each label **must** include warning labels, if appropriate
- 9) Each label **must** record client's name
- 10) Each label **must** record patient's name
- 11) Each label **must** record date
- 12) Each label **must** record name of drug
- 13) Each label **must** record usage directions including route of administration
- 14) Each label **must** record quantity dispensed
- 15) Each label **must** record hospital's name, address, and phone number including area code
- 16) Each label **must** record name of the veterinarian dispensing the drug
- 17) Drugs **must** only be dispensed or administered on the order of a licensed veterinarian
- 18) Drugs used in euthanasia procedures **must be** stored in a locked cabinet
- 19) Each dose of any medication administered, dispensed, or prescribed **must** be recorded on the medical record, including usage directions, quantity, and number of refills
- 20) Hazardous medications (e.g., chemotherapeutic medications) **must** be handled in accordance with federal, state, or provincial regulations.
- 21) 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
- 22) The container **must** in no way alter the drugs being dispensed and must be moisture resistant
- 23) Each pharmacy **must** contain at least one reference text or compendium of pharmaceuticals which is current (within three years) and **must** provide the necessary information on drugs, chemicals, and biologics in use within the hospital or dispensed for use by the client
- 24) Current antidote information **must** be readily available for emergency reference in addition to the telephone number of the nearest poison control center
- 25) Facilities **must** provide for storage, safekeeping, and use of drugs in accordance with federal, state, or provincial regulations
- 26) Controlled drugs **must** be stored in a securely locked, substantially constructed cabinet or safe as required by federal, state, or provincial regulations

Yes No **Laboratory**

- 1) Each specimen **must** be identified with the identification of the patient
- 2) Each necropsy procedure and record thereof should be thorough and detailed
- 3) Reference range values **must** be available for all laboratory tests performed
- 4) Adequate space **must** be provided for performance of services and proper storage of reagents
- 5) Laboratory counter tops should be impervious and stain resistant with adequate lighting in all work areas
- 6) Restrictions **must** be in place to prohibit eating/drinking/makeup in lab areas
- 7) Food or drink items **must** not be stored in refrigerators where lab specimens are routinely kept

Yes No **Diagnostic Imaging**

- 1) 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
- 2) Educational information **must** be available to all staff concerning radiation safety
- 3) Documentation of a radiation safety program **must** be on file.
- 4) Radiation safety procedures **must** comply with all federal, state, provincial, or local regulations
- 5) Dosimeter monitoring of exposure levels should be provided for all personnel working with or near an X-ray generator, dependent on state regulations
- 6) The individual dosimeter badge should be worn near the collar on the outside of the leaded apron if one is used
- 7) Records of dosimetry results **must** be maintained indefinitely and readily available if applicable
- 8) Exposure results, if applicable, **must** be communicated to the staff
- 9) Machines should be inspected in accordance with federal, state, or provincial regulations and results posted
- 10) Images of patients **must** be identified properly and filed for easy location and retrieval
- 11) Loaded cassettes, if applicable, should be stored in a manner to protect from unintended exposure
- 12) Radio-opaque characters **must** be used to identify right (R) and left (L) sides of the patient
- 13) There **must** be permanent identification of each image
- 14) All personnel **must** wear required protective apparel while in the room during exposure, if applicable
- 15) If applicable, proper safelight(s) with lamps of correct wattage should be mounted at the recommended distance from the work areas

Yes No

### Anesthesiology

- 1) Anesthesia procedures **must** include performance of routine preanesthetic examination and exercise proper safeguards in selection and use of anesthetics
- 2) Anesthetic agents **must** be administered by a veterinarian or by persons trained in their administrations and then only under supervision of a veterinarian who is on the premises
- 3) Some method of respiratory monitoring **must** be utilized
- 4) When endotracheal tubes are used, they should remain in place during recovery from anesthesia until appropriate protective reflexes have returned
- 5) All equipment needed for the administration of local and general anesthesia **must** be readily available and in good repair
- 6) The anesthetic area should have emergency lighting available
- 7) Some means of assisting ventilation **must** be readily available during general anesthesia, either manual or mechanical
- 8) The facility should contain a dedicated area for the administration of general anesthesia
- 9) There should be a recovery area outside the operating room or a recovery room where the patient can be observed closely until appropriate protective reflexes have returned is available

Yes No

### Dentistry

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

Yes No

### Surgery

- 1) All surgeries **must** be performed by a licensed veterinarian
- 2) Surgical assistants and the surgeon should be properly attired with cap, mask, sterile gown, and sterile gloves when major surgery is performed
- 3) Surgeons, surgical assistants, and operating room attendants should wear a surgical cap and mask while in the surgical suite and when a sterile field exists therein. All scalp and facial hair should be completely covered by the cap and mask. Operating room attendants should remain outside of the sterile field

Yes No

**Surgery** (continued)

- 4) Surgical procedures **must** adhere to the use of sterilized instruments, gowns, towels, drapes, and gloves as well as clean caps and masks
- 5) A regular maintenance program for autoclaves and other sterilizing equipment should be present
- 6) Surgical packs for major procedures **must** be steamed or gas sterilized
- 7) Sterile surgical packs **must** be used for each patient for major surgical procedures
- 8) When gas or steam sterilization procedures are used, sterility indicators **must** be in evidence on the exterior surface of each unit
- 9) When large surgical bundles are sterilized, monitors should verify appropriate steam temperature and time are used in the center of each pack
- 10) The drapes, laparotomy sheets, towels, gauze sponges, suture materials, and gowns to be sterilized **must** be properly wrapped
- 11) Surgical packs **must** be dated with the date on which they were sterilized. If not used within 30 days, packs should be resterilized prior to use
- 12) Single-use sterile surgical gloves **must** be used for surgical procedures
- 13) Any cold sterilization chemicals should be changed in accordance with manufacturer's recommendations
- 14) The use of cold sterilization **must** be limited to those instruments used in minor surgical procedures or those that cannot be steam sterilized
- 15) Preoperative preparations **must** be performed outside the operating room. The preparation room should be a separate room convenient to the operating room and well lit. Floors, walls, and counter tops of the surgery room should be of smooth, impervious, material which is easily cleaned
- 16) The operating room should be a separate, closed, single-purpose room for the performance of only aseptic surgical procedures
- 17) The operating room should be constructed and equipped that cleanliness can be easily maintained
- 18) If applicable, any laser equipment **must** be stored and maintained according to federal, state, local, and provincial regulations
- 19) If applicable, all protective gear **must** be worn when laser equipment is in use according to the manufacturer's instructions and maintained according to federal, state, local, and provincial regulations

Yes No

**Nursing care**

- 1) Nursing care should include the provision for diagnostic, pre-surgical, surgical, and recovery procedures as well as custodial care
- 2) All patient care should be provided by the nursing staff under the supervision of a veterinarian

Yes No **Nursing care** (continued)

- 3) Assignments should be made so that one person is responsible for the proper observation of each anesthetized patient
- 4) All patients **must** be positively and properly identified during their hospital stay
- 5) Each administered medication **must** be entered on the patient's medical record showing date, name of drug, type, dose, route of administration, and frequency of administration
- 6) The practice staff **must** demonstrate and maintain the humane care of animals. The facility **must** provide for the prevention of animal abuse and neglect of patients
- 7) Nursing personnel should ensure that all animals are individually housed unless otherwise requested by the owner and approved by the veterinarian
- 8) Proper protective apparel **must** be worn by all personnel performing therapeutic bathing and dipping
- 9) 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

Yes No **Housekeeping and Maintenance**

- 1) The facility and staff should present a professional appearance reflective of contemporary veterinary medicine.

| Yes                   | No                    |                       | Yes                   | No                    |  |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | a) Walls              | <input type="radio"/> | <input type="radio"/> | e) Furniture and draperies                         |
| <input type="radio"/> | <input type="radio"/> | b) Ceilings           | <input type="radio"/> | <input type="radio"/> | f) Equipment and appliances                        |
| <input type="radio"/> | <input type="radio"/> | c) Windows            | <input type="radio"/> | <input type="radio"/> | g) Fixtures, including light and plumbing fixtures |
| <input type="radio"/> | <input type="radio"/> | d) Floors and carpets |                       |                       |  |
- 2) All cleaning supplies **must** be used in accordance with manufacturers' instructions and in compliance with federal, state, local, and provincial regulations
- 3) Linens **must** be stored in such a way as to minimize contamination from surface contact or airborne sources
- 4) Soiled or contaminated linens should be handled in such a way as to prevent cross-contamination of the areas of the hospital
- 5) Faucets and drains should be inspected regularly and maintained in proper working order
- 6) Tanks containing compressed gases **must** be stored and securely fastened according to federal, state and local/provincial regulations
- 7) Compressed gas tank valves, regulators, lines, washers should be checked periodically for leakage
- 8) Mechanical and electrical systems throughout the hospital should be maintained in accordance with written preventive maintenance programs
- 9) Waste disposal **must** be carried out in accordance with good public health practice and federal, state, provincial, and local regulations
- 10) Biomedical waste, such as culture plates, tubes, contaminated sponges, swabs, biologicals, blood borne pathogens, needles, syringes, and blades, **must** be disposed of according to federal, state, local, and provincial regulations

Yes No **Housekeeping and Maintenance** (continued)

- 11) Adequate safety precautions **must** be used in disposing animal carcasses and tissue specimens; Disposal must be according to federal, state, local, and provincial regulations
- 12) Deceased animals not disposed of within 24 hours should be sealed in heavy plastic bags and refrigerated or frozen
- 13) If an incinerator is used, it **must** be installed and maintained according to federal, state, local, and provincial regulations
- 14) Grounds surrounding an animal hospital should be neat, attractive, and in safe condition at all times
- 15) Rubbish, papers, and fecal material from animals should be picked up from lawns, sidewalks, and parking areas on a daily schedule
- 16) The hospital must be equipped to operate under safe and sanitary conditions.
- 17) Waste anesthetic gas systems, ventilation and heating systems and air conditioning and heating equipment **must** be installed in accordance with applicable codes and appropriate standards and maintained according to federal, state, local, and provincial regulations
- 18) The ventilation system should 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
- 19) Water **must** be safe for use by employees, patients, and clients in accordance to federal, state, local, and provincial regulations

Yes No **OSHA**

- 1) Adherence to all OSHA safety regulations must be maintained and documentation of inspections (self and external) should be readily available
- 2) An appropriate eye wash station **must** be available, clearly marked, and maintained
- 3) Fire protection/policies and procedures should be inspected yearly and documentation readily available
- 4) Flammable and combustible materials **must** be stored and secured according to federal, state, local, and provincial regulations
- 5) All Material Safety Data Sheets **must** be strategically placed throughout the facility and available upon request
- 6) All secondary containers **must** be labeled appropriately according to federal, state, local, and provincial regulations.
- 7) All OSHA ergonomic and noise regulations **must** be adhered to
- 8) Impervious containers for needles and other sharps **must** be readily available and disposed of according to federal, state, local, and provincial regulations
- 9) Educational information and warnings **must** be available to all staff concerning safety and reporting of non-compliance
- 10) If utilized, all chemical hoods and ethylene oxide exhaust ventilation **must** be installed and maintained according to federal, state, local, and provincial regulations

## Primary Preceptor

By completing and submitting this agreement, I agree to act as the primary preceptor for the facility named on page one of this agreement. I further acknowledge that I have reviewed the agreement in its entirety and verify that, to the best of my knowledge, the information contained herein is accurate. I have reviewed the information on the VTDL P website at <http://www.sanjuancollege.edu/pages/3439.asp> and agree to act as the primary preceptor for this facility.  I AGREE

As the primary preceptor and authorized agent of this Off-Campus Clinical Instruction Site, I agree to abide by, practice, and enforce the above standards. I further agree that I will notify the program staff if there are significant changes in the physical structure of the facility, such as relocation, fire, etc., changes in my credential status, my employment or association with this facility, or I no longer wish to act as primary preceptor.  I AGREE

First Name  Middle Initial  Last Name

Maiden or former name as may appear on license or diploma

Email Address  Daytime phone  Type

Indicate your credentials below:

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="radio"/> DVM<br>or VMD | <input type="radio"/> RVT, LVT<br>or CVT | <input type="radio"/> Graduate of<br>AVMA approved<br>Vet Tech Program |
|-------------------------------------|--|--|

*Required for all applicants that are applying under the RVT, LVT or CVT option*

|                           |                           |                           |
|---------------------------|---------------------------|---------------------------|
| <input type="radio"/> RVT | <input type="radio"/> LVT | <input type="radio"/> CVT |
|---------------------------|---------------------------|---------------------------|

Registration: State  Month  Year

**All Credentialed Veterinary Technician MUST provide a current copy of state credentials prior to approval. Applications without proof of status will NOT be approved.**

*Required for all applicants that are applying under the Graduate of AVMA approved Vet Tech Program option*

Institution Graduated From:

Degree Received:

Date Degree Received: Month  Year

**All technicians applying under this category MUST provide a copy of their diploma or official transcript indicating graduation from an AVMA approved veterinary technology program.**

I certify that I am the person named above and agree that typing my name and date below will serve as my electronic signature.

Type full name here:  Dated:

***Press the submit button below to submit this application to the VTDL P office. You should also print and retain a copy for your records. DO NOT mail a copy of this form. You will be notified shortly at the email address you provided above regarding additional required documentation and facility photograph submittal instructions.***

# Site Agreement Verification Form

## INSTRUCTIONS FOR SUBMITTING AGREEMENT AND ADDITIONAL SUPPORTING DOCUMENTATION

1. List names of students who will be completing their OCCI requirements at your facility in the space provided. In the event that you wish to add additional students in the future, a new agreement is NOT required. The VTDLP office must be notified if additional students are added.
2. Submit OCCI Site Agreement electronically via the "Submit Approval Request" button at the bottom of this page
2. Print a copy of the agreement via the "Print Copy" button at the bottom of this page. Save pages 1-11 for your records.
4. Sign and date page 12 and return with all supporting documentation listed below. Documents may be submitted via any of the following:

MAIL: San Juan College  
Pat Roach, Rm 1113  
4601 College Blvd  
Farmington, NM 87401

FAX: 505-566-3570

EMAIL: roachph@sanjuancollege.edu

5. Updates on the status of this application will be sent to the preceptor's email address listed below

Facility Name  Primary Preceptor   
Facility Website  Preceptor's Daytime Phone   
OCCI Site Agreement Date  Preceptor's Email

List names of all VTDLP students at your facility:

*Below is a list of supporting documentation that must be submitted with this verification form prior to facility approval*

**Required photos for Companion Animal Facilities** that cannot be viewed on the facility website listed above must be emailed (jpeg format preferred) or mailed to the addresses listed in the instructions at the top of this page. Below is a list of required photos:

|  |                            |
|--|----------------------------|
| Reception Area                                   | Lab area and lab equipment |
| Radiology area and equipment                     | Treatment areas            |
| Radiology developing area(s)                     | Hospital exterior          |
| Examination rooms                                |                            |
| Surgical suite & anesthetic monitoring equipment |                            |

**Required photos for Food/Farm Animal Facilities** that cannot be viewed on the facility website listed above must be emailed (jpeg format preferred) or mailed to the addresses listed in the instructions at the top of this page. Below is a list of required photos:

|   |                         |
|---|-------------------------|
| Onsite cattle chute and working pens              | Dehorner                |
| Dental instruments - large animal - dental floats | Emasculator             |
| Onsite equine stanchion and stalls                | Hoof trimmers and picks |
| Ropes   | Stomach tubes           |
| Oral dosing equipment                             | Twitch                  |

**\*\*Required proof of veterinary technician credentials** must be provided by all CVT, LVT and RVT applicants in the form of a current copy of the applicant's state licensure.

**Required proof of graduation from an AVMA approved veterinary technology program** must be provided by all technicians applying under this category. Applicants must supply a copy of their diploma or official transcript indicating the degree received.

Comments

\_\_\_\_\_  
Signature of Primary Preceptor

\_\_\_\_\_  
Date