

## Application to Host Preceptorship

### Procedure to apply for the Auburn University Preceptorship Program:

The Preceptorship Committee of Auburn University's College of Veterinary Medicine (AUCVM) uses this application to determine if this practice meets the standards required by the American Veterinary Medical Association (AVMA) and the Auburn University College of Veterinary Medicine.

Currently unapproved/expired preceptorship sites must complete a preceptorship application to have the opportunity to host our preceptorship students. After the application deadline, our Preceptorship Committee will review the applications to determine whether sites can be a preceptorship host. Important considerations in the approval process are a) evidence of good surgical standards, b) compliance with all state and federal radiological standards, c) adequacy of case load, d) availability of diagnostic services, and e) willingness of the preceptor to provide supervised, hands-on experience.

To apply for the Auburn University Preceptorship program, you'll need to complete the below application form. To access the form, click on the link provided.

[https://auburn.qualtrics.com/jfe/form/SV\\_d5O0jamkpazKHIO](https://auburn.qualtrics.com/jfe/form/SV_d5O0jamkpazKHIO)

The Preceptorship Committee of Auburn University's College of Veterinary Medicine (AUCVM) uses this application to determine if this practice meets the standards required by the American Veterinary Medical Association (AVMA) and the Auburn University College of Veterinary Medicine. Please contact Carlee Smithwick at [cev0007@auburn.edu](mailto:cev0007@auburn.edu) if you have any questions.

Prospective preceptorship sites must meet the following criteria to be considered:

1. Student's primary supervisor graduated with a DVM/VMD degree at least 5 years ago.
2. If the site is a specialty/referral practice and not a general practice, the student will only work in the emergency department.
3. If the site has any past/pending disciplinary actions being taken against any members of their practice, they must provide an explanation.
4. Student responsibilities are appropriate. Student will be given directly supervised hands-on experience and will be treated like a future DVM, not a technician.
5. Site uses inhalation anesthesia (only required for small animal procedures).
6. Site has a separate surgical preparation area from the surgical suite (only required for small animal procedures).
7. Site uses cap, gowns, and aseptic surgical techniques (caps and gowns are not required for large animal standing surgery).
8. Appropriate student work hours are listed: 40 – 60 hours per week.
9. If more than 1 veterinary student is present at the site during the time of AU preceptorship, there should be 7 veterinarians per every 1 veterinary student.

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Please enter the name and email address of the person filling out the form:

Name of the person filling the form:

Email Address:

0% 100%

Please enter the name and the email address of the of the person filling the form

## Application to Host Preceptorship

Once you access the form, you'll have to fill in the practice details like Practice Name, Address, City, State, Contact information.

Practice Information

Practice Name:

Street Address:

City:

Zip Code:

Phone Number:

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Select the state where the practice site is located

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Please enter if the request was initiated by practice or by a student. If it was requested by the student, you'll be asked to enter the student's name and email address.

Who initiated the request?

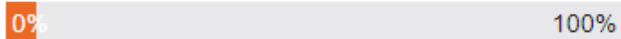
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AUCVM requires that for every student beyond the first student, there must be 7 additional veterinarians. Do you agree to meet this requirement?

During the preceptorship, will other veterinary students be present in the practice?

Do you want us to contact you to renew the application after three years?

Are you a specialty/referral practice?



Answer all the questions about the practice.

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Provide details about the primary veterinarian: (The primary veterinarian is the individual who will be directly overseeing the student during preceptorship)

Full Name:

Email address:

Year graduated:

Years in practice:

Please provide the details of the primary veterinarian who will be directly supervising the student.

Diplomate or specialty training status if present:

- American Board of Veterinary Practitioners
- American Board of Veterinary Toxicology
- American College of Animal Welfare
- American College of Laboratory Animal Medicine
- American College of Poultry Veterinarians
- American College of Theriogenologists
- American College of Veterinary Anesthesia and Analgesia
- American College of Veterinary Behaviorists
- American College of Veterinary Clinical Pharmacology
- American College of Veterinary Dermatology

School

You can add more veterinarians by clicking "yes" to the below question, and you can add up to 6 additional veterinarians on the form.

Are there any additional veterinarians at the practice? Select "Yes" to add the 1st additional veterinarian.

Yes  
 No

0% 100%

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Provide the number of employees in the clinic.

How many employees at the practice are: (provide number)

- Veterinarians:
- Licensed veterinary technicians:
- Non-licensed veterinary technicians/assistants:
- Receptionists:
- Office managers:
- Kennel or barn workers:
- Other Employees:



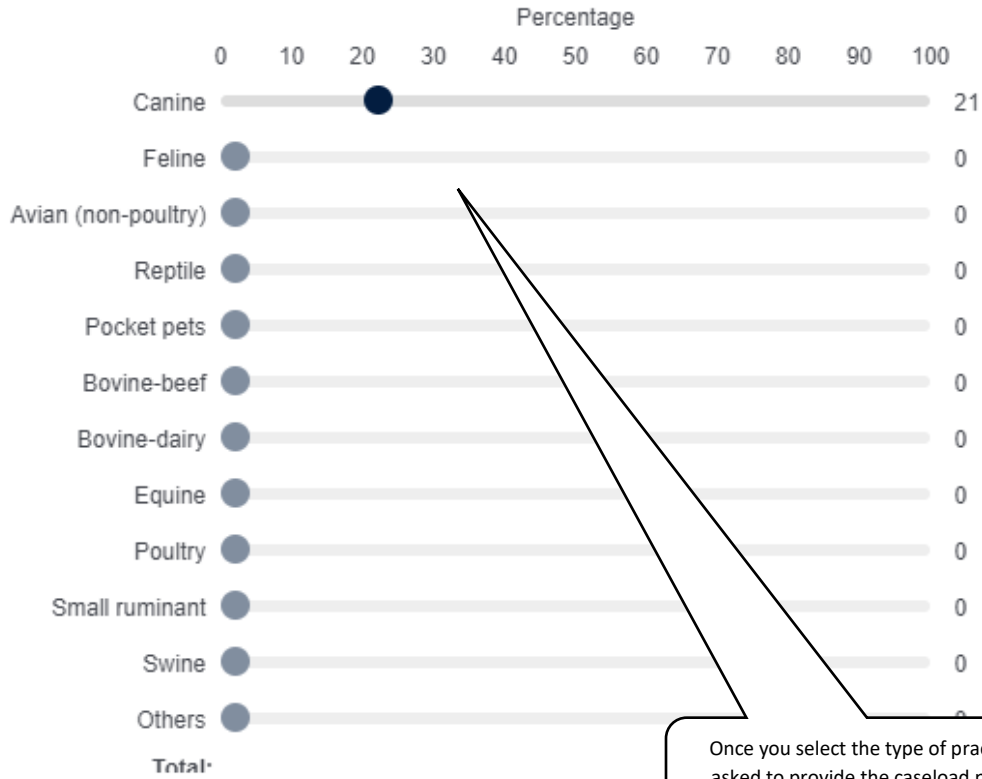
Pick the practice type.

Please select which best describes your practice.

- Small Animal Exclusive
- Small Animal and/or Exotics
- Mixed Animal Practice
- Food Animal Exclusive
- Equine Exclusive
- Other

Select the type of practice.

Describe the average caseload for the categories below (%): (If you listed any percentage above 0% for "Other" on the slider below, please specify other in the space next to it.)



Once you select the type of practice, you'll be asked to provide the caseload percentage for each category.

Please select the diagnostic equipment that is routinely used within your practice.

- Ultrasound
- Digital radiography
- Traditional radiography (film)
- Endoscopy
- Microscope

Next, you'll be prompted to provide details of equipment used in the clinic, and other items used by the clinic.

Please select the following statements that are applicable to your practice.

- Practice provides lead gowns, aprons, and thyroid collars when using radiographic equipment and employs methods to measure radiation exposure to individuals
- Practice uses controlled (scheduled) medications
- Practice is currently in compliance with DEA regulations

Have there been (or are there pending) any disciplinary action, by any state veterinary board or federal agency, against any members of this practice?

- Yes
- No

Next, you'll be prompted to enter if there has been any disciplinary action against the practice. If yes, you'll be asked to provide details.





Percent (%) of student time will be divided into the following areas:

Select the percentage of student time that'll be divided into the following areas.

	0	10	20	30	40	50	60	70	80	90	100
Small animal hospital	<input type="radio"/>										0
Large animal hospital	<input type="radio"/>										0
Small animal mobile	<input type="radio"/>										0
Large animal ambulatory	<input type="radio"/>										0
Emergency duty small animal	<input type="radio"/>										0
Emergency duty large animal	<input type="radio"/>										0
<b>Total:</b>											<b>0</b>

Define the student's expected responsibilities during their preceptorship, such as patient care, anesthesia, surgery, client communication, dispensing medication, performing a necropsy, clean-up of work areas, etc.

Here you'll be asked to enter the student responsibilities.

What in-house laboratory diagnostics will the student be expected to perform?

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Here you'll be asked to enter the kind of diagnostics students will have to perform, expected hours of work etc.

What in-house laboratory diagnostics will the student be expected to perform?

Expected hours of work for student during the week (include after-hours patient care and emergency hours):

Do you agree to provide for and supervise the student in compliance with your state veterinary practice act while performing their assigned duties?

Please select your practice type from the options listed below. You will then be prompted to enter further details about your site.

**Small Animal and/or Exotics**

**Large Animal and/or Equine Practice**

**Mixed Animal Practice**

Select your practice type

- Small Animal and/or Exotics
- Large Animal and/or Equine Practice
- Mixed Animal Practice

Select the type of clinic – Small animal, Large Animal or Mixed. Depending on the selection, you'll be prompted to answer specific questions.

0%

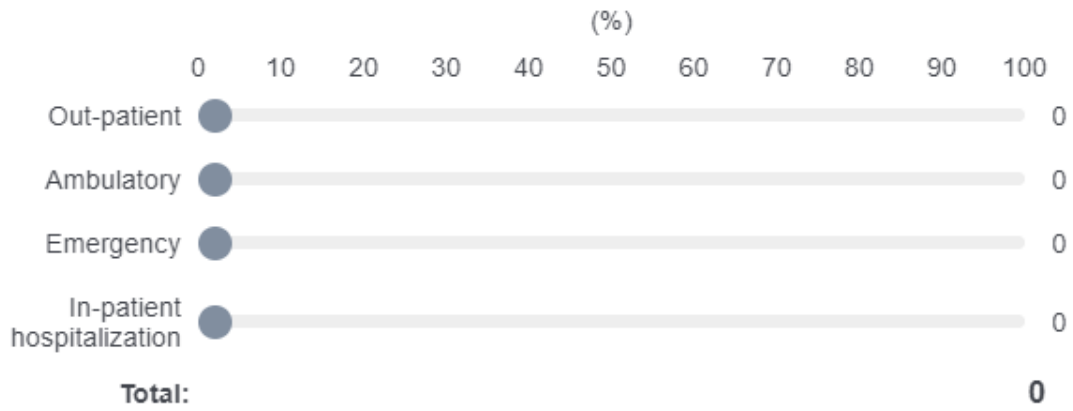
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Large Animal Information (To be completed by Mixed Animal Practices)

Provide the Large Animal information – This should be entered by Large Animal and/or Equine and Mixed Animal facilities.

Services provided



What methods are utilized to monitor patients under anesthesia?

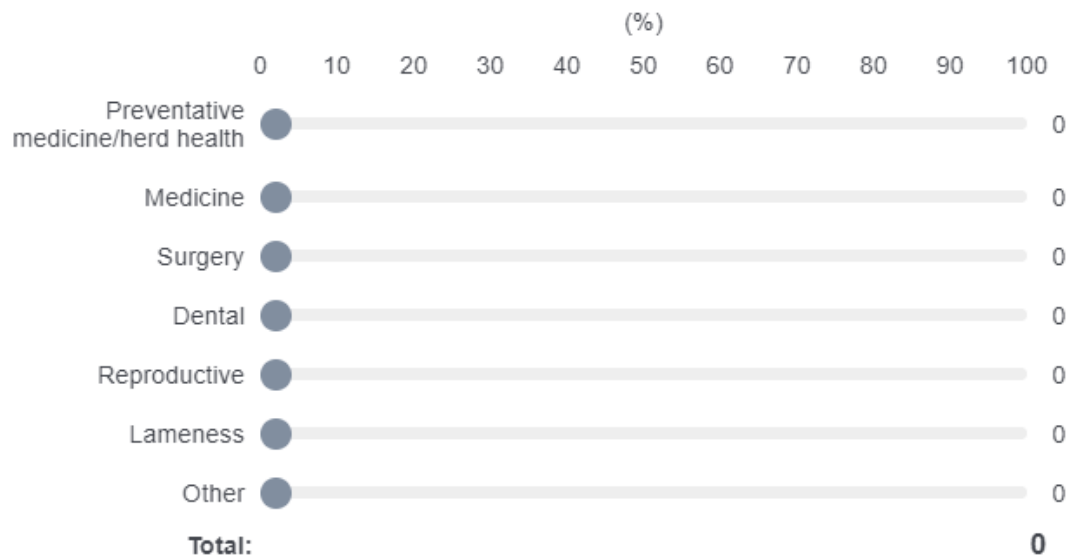
Who monitors overnight large animal patients?

Please select the following items that apply to your practice:

Provide the Large Animal information – This should be entered by Large Animal and/or Equine and Mixed Animal facilities.

- Facility has on-site isolation facilities for infectious disease patients
- Facility uses inhalation anesthesia
- Facility uses analgesic modalities during anesthetic procedures
- Facility has a designated surgical area
- Facility has a separate surgical preparation area from the surgical suite
- Facility uses cap, gowns, and aseptic surgical techniques
- Facility has a tilt table
- Facility has a chute

Please estimate your caseload (%) for the following areas:



Services provided

Out-patient	0	10	20	30	40	50	60	70	80	90	100	0
Mobile	0	10	20	30	40	50	60	70	80	90	100	0
In-patient hospitalization	0	10	20	30	40	50	60	70	80	90	100	0
Emergency	0	10	20	30	40	50	60	70	80	90	100	0
Boarding	0	10	20	30	40	50	60	70	80	90	100	0
<b>Total:</b>												<b>0</b>

Provide the Small Animal information – This should be entered by Small Animal and/or Exotics and Mixed Animal facilities.

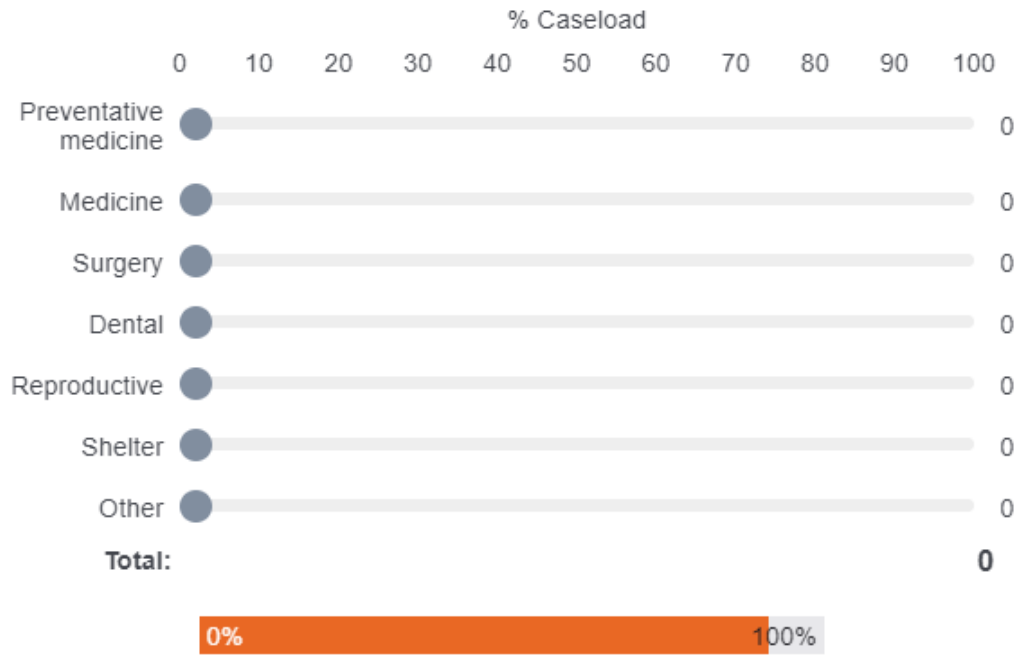
If you hospitalize patients overnight, who monitors the patients?

What methods are utilized to monitor patients under anesthesia?

Please select the following items that apply to your practice:

- Facility has on-site isolation facilities for infectious disease patients
- Facility uses inhalation anesthesia
- Facility uses analgesic modalities during anesthetic procedures
- Facility has a designated surgical area
- Facility has a separate surgical preparation area from the surgical suite
- Facility uses caps, gowns, and aseptic surgical techniques

Please estimate your caseload (%) for the following areas:



## Application to Host Preceptorship

Provide confirmation as shown below. Once the form is complete, you will receive an on-screen confirmation message, and an email will be sent to the person who filled out the form.

I confirm that all of the information included within this application is accurate to the best of my knowledge.

0% 100%

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