

AUCVM Site Application for Preceptorship Directions – Class of 2026 Preceptorship Cycle


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 site application for 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 host our students for preceptorship. 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.

Site applications are due on **September 2, 2025, at 11:59 pm CT** for the opportunity to host the Class of 2026 and the following two classes. Late site applications will not be accepted. To access the application, please use this link: https://auburn.qualtrics.com/jfe/form/SV_0uk9A92ZDihAVHU. Please note that the application link will not work after the September 2nd deadline. Preceptorship for the Class of 2026 will begin on March 5, 2026, and end on April 29, 2026. Please expect to hear from our office on or slightly before October 1, 2025, concerning the Preceptorship Committee's decision about your site's application.

Below are the steps involved in completing the application:

1. Provide your name and email address. *Please note that applications must be completed by site employees and not by corporate employees. Applications completed by corporate will not be reviewed.*



AUBURN UNIVERSITY

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Please be sure to provide thorough answers on this application, and please know that our college may choose to not review an application if multiple answers are vague and/or it is evident that the applicant did not attempt to provide sufficient information for our Preceptorship Committee to be able to make a preceptorship application decision.

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. To be able to host a Class of 2026 student for preceptorship, the primary supervisor must have graduated from veterinary school in or before 2021.
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. Site will provide student with 40-60 work hours per week.
9. If more than 1 veterinary student is present at the site during the time of AUCVM preceptorship, there must be at least 7 veterinarians per every 1 veterinary student.

As the application submitter, please fill out your information below.

First Name:

Last Name:

Email Address:

Application submitter confirms they are a site employee and not a corporate employee

(type your initials to confirm)

2. Fill in site details such as site name, street address, city, zip code, phone number, and state.

Site Information

Site Name:

Site Street Address:

Site City:

Site Zip Code:

Site Phone Number:

Select the state where the practice site is located.

3. If your site's application for preceptorship is approved, it will be good for three years. After three years, you will have to reapply to continue to have the opportunity to host our preceptor students. Select "yes" on the question below if you would like us to reach out to you when it is time for you to reapply.

If your site's application is approved, your site will be able to host our preceptor students for three years before needing to reapply.

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

☐ Yes

☐ No

4. Select whether you are applying on behalf of a student or are applying on your own (practice-initiated). If one of our current students has reached out to you about wanting to go to your site for preceptorship, please be sure to select "student" on this question. On the next question, it will prompt you to enter their name and email address, which will allow the student to be immediately notified after you submit the application.

Who initiated the request?

☐ Student

☐ Practice

5. Answer whether any other veterinary students will be present at any point in time while hosting our preceptorship student. If you select “yes”, you will be next be asked whether you agree to meet our requirement that there must be at least 7 veterinarians per every 1 veterinary student.

At any point in time while hosting one of our preceptorship students, will other veterinary students be present in the practice?

☐ Yes

☐ No

6. Answer whether you are a specialty/referral practice. If you select “yes”, you will be asked whether our student will only be working in the emergency department there (required).

Are you a specialty/referral practice?

☐ Yes

☐ No

7. Provide details about the primary veterinarian. The primary veterinarian is the individual who will be directly overseeing the student during preceptorship, and they must have graduated from veterinary school in or before 2021.

Please provide details about the primary veterinarian. The primary veterinarian is the individual who will be directly overseeing the student during preceptorship.

First Name:

Last Name:

Email Address:

Year graduated:

Years in practice:

- ☐ 0-5
☐ 5-10
☐ 10-15
☐ 15-20
☐ >20

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
☐ American College of Veterinary Emergency & Critical Care
☐ American College of Veterinary Internal Medicine
☐ American College of Veterinary Microbiologists
☐ American College of Veterinary Nephrology-Urology
☐ American College of Veterinary Ophthalmologists
☐ American College of Veterinary Pathologists
☐ American College of Veterinary Preventive Medicine
☐ American College of Veterinary Radiology
☐ American College of Veterinary Sports Medicine and Rehabilitation
☐ American College of Veterinary Surgeons
☐ American College of Zoological Medicine
☐ American Veterinary Dental College
☐ None of the above

Veterinary School:

To add more veterinarians answer “yes” on the question below. There is space to list the information for up to 7 total veterinarians, including the primary veterinarian, so please ensure that you list the information for all of your veterinarians (up to 7).

Are there any additional veterinarians at the practice? Select "Yes" to add a 2nd veterinarian.

There is space to list the information for up to 7 total veterinarians, including the primary veterinarian, so please ensure that you list the information for all of your veterinarians (up to 7).

☐ Yes

☐ No

8. Provide the number of the employees in the clinic for the categories listed below.

How many employees at the practice are: (provide numeric values)

Veterinarians:

Licensed veterinary technicians:

Non-licensed veterinary technicians/assistants:

Receptionists:

Office managers:

Kennel or barn workers:

Other employees:

9. Select which practice type best describes your site from the list below.

Please select which best describes your practice.

☐ Small Animal Exclusive

☐ Small Animal and/or Exotics

☐ Mixed Animal Practice

☐ Food Animal Exclusive

☐ Equine Exclusive

☐ Other

10. Provide the average caseload for each category below (%).

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.)

Percentage

0 10 20 30 40 50 60 70 80 90 100

Canine

Feline

Avian (non-poultry)

Reptile

Exotic companion mammal

Bovine-beef

Bovine-dairy

Equine

Poultry

Small ruminant

Swine

Other

Total: **0**

11. You'll be prompted to select which diagnostic equipment is used at your site. Select all that apply.

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

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

12. You'll be asked about other equipment, controlled medications, and compliance with DEA regulations. Additionally, you will be asked whether there are any pending disciplinary actions against any members at the practice. If you select "yes" to the question about pending disciplinary action, you will be asked to provide details.

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

13. You will be asked to provide the amount of time (%) that students spend in different areas listed below, student responsibilities during preceptorship, the in-house laboratory diagnostics that the student will be expected to perform, and whether you agree to provide our student with 40-60 hours of work per week.

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

(%)

0 10 20 30 40 50 60 70 80 90 100

Small animal hospital	<input type="text" value="0"/>
Large animal hospital	<input type="text" value="0"/>
Small animal mobile	<input type="text" value="0"/>
Large animal ambulatory	<input type="text" value="0"/>
Emergency duty small animal	<input type="text" value="0"/>
Emergency duty large animal	<input type="text" value="0"/>
Total:	0

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.

Please be detailed in your response, and please keep in mind that the purpose of preceptorship is to provide supervised, hands-on experience.



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



Do you agree to provide our student with 40-60 hours of work per week (including after-hours patient care and emergency hours)?

☐ Yes

☐ No

14. You will be asked whether you agree to provide for and supervise the student in compliance with your state veterinary practice act while performing their assigned duties.

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

☐ Yes

☐ No

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15. Select the practice type from the list below. Depending on the selection, you'll be prompted to answer specific questions. If you are a Small Animal and/or Exotics site, you will only be asked for small animal information. If you are a Large Animal and/or Equine Practice, you will only be asked large animal information. If you are a Mixed Animal Practice, you will be asked for both small and large animal information.

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

Large Animal Information:

Services provided

(%)

0 10 20 30 40 50 60 70 80 90 100

Out-patient

In-patient hospitalization

Emergency

Ambulatory

Total: **0**

Who monitors overnight large animal 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

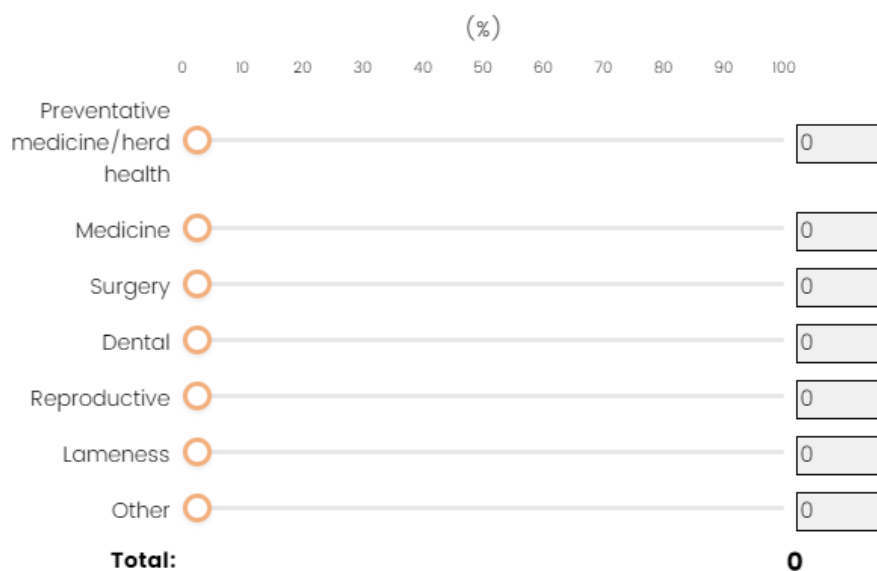
☐ Facility has a separate surgical preparation area from the surgical suite

☐ Facility uses cap, gowns, and aseptic surgical techniques

☐ Facility has a tilt table

☐ Facility has a chute

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



Small Animal Information:

Services provided



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 analgesic modalities during anesthetic procedures

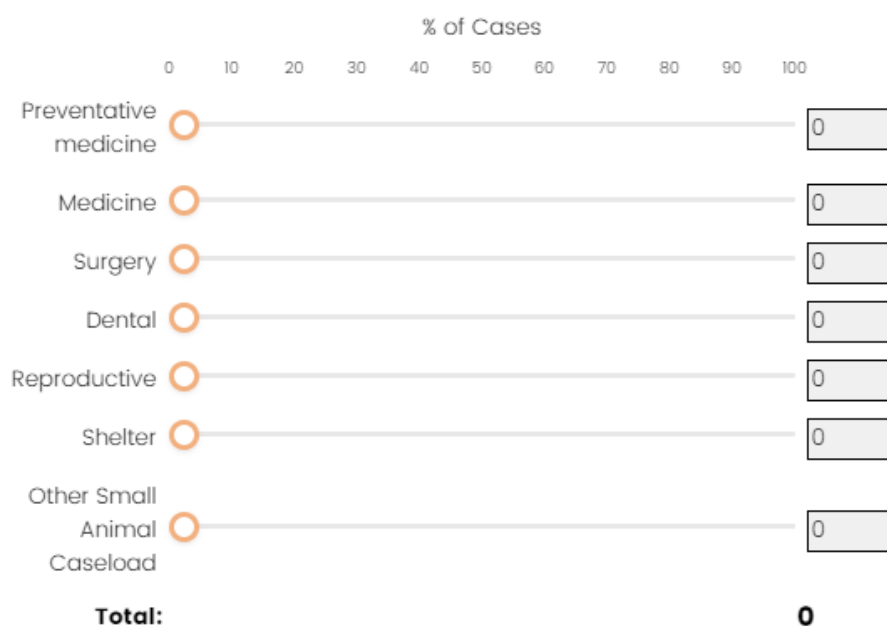
☐ Facility has a separate surgical preparation area from the surgical suite

☐ Facility has a designated surgical area

☐ Facility uses cap, gowns, and aseptic surgical techniques

☐ Facility uses inhalation anesthesia

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



16. Sign to confirm that all of the information supplied on the application is accurate to the best of your knowledge.

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

×

SIGN HERE

clear

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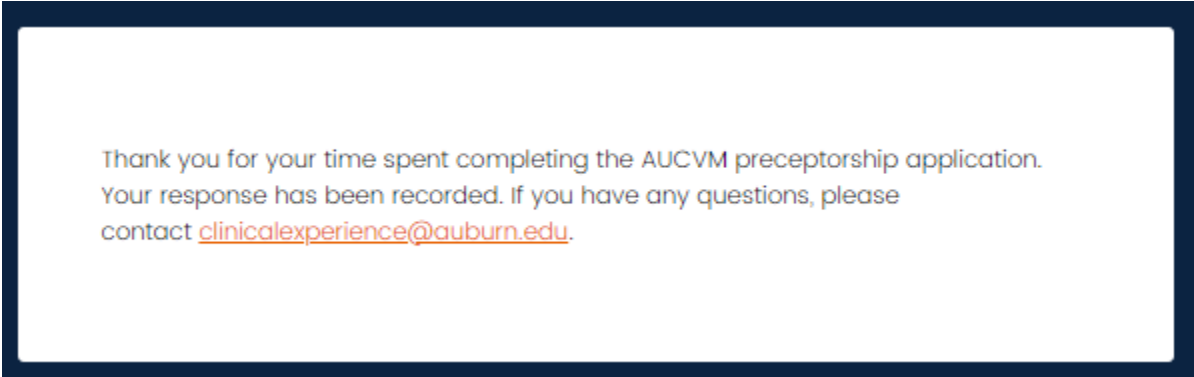
17. Click the "Submit" button once you are satisfied with all of your answers.

Click the "Submit" button once you are satisfied with all of your answers.

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Submit

18. You will now see a confirmation screen (see below), and you will receive a confirmation email as well.

A confirmation screen with a dark blue border. The text inside is centered and reads: "Thank you for your time spent completing the AUCVM preceptorship application. Your response has been recorded. If you have any questions, please contact clinicalexperience@auburn.edu." The email address is underlined and in orange.

Thank you for your time spent completing the AUCVM preceptorship application.
Your response has been recorded. If you have any questions, please
contact clinicalexperience@auburn.edu.