

**Murray State College Veterinary Nursing Program- Distance Learning
Off-Campus Clinical Institution Site Application
Small Animal Facility**

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Microchip Scanner	Nail Trimmers	
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*Cages/Kennels must comply with federal regulations

Radiology:

Protective Apron	Protective Thyroid Shield	Protective Gloves
Storage Rack for PPE	Radiation Dosimeter Badges	Calipers
Radiographic digital Machine –Fixed	Radiographic Machine Portable	Radiographic Digital Machine –Dental
Cassette or Plate Holders	Radiographic viewer (digital)	Directional/Positional Markers
Protective Lead Eyeglasses (if required by state law*)		

Laboratory:

Clinical Chemistry Analyzer	Electronic Blood Cell Counter
Differential Blood Cell Counter (manual or electronic smartphone apps)	Microscope
Incubator	Refrigerator (designated lab use)
Hand Bally Cell Counter	Centrifuge
Microhematocrit Centrifuge	Refractometer

Dentistry:

Ultrasonic Scaler	Dental Polisher
Appropriate Hand Dental Instruments	*PPE-Mouth/Nose/Eye Covering

*Personal Protective Equipment

Restraint:

Restraint Pole

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We want to make sure our students to have adequate exposure to quality veterinary medical practices and equipment. Therefore, in order to be approved as an OCCI site for the Murray State College Veterinary Nursing Distance Learning Program your veterinary care facility(s) must meet certain minimum criteria in regard to equipment, practice quality, and hospital staff. Each individual OCCI site must agree to follow the minimum standards in order to receive approval.

I have thoroughly reviewed the MSCVNDL OCCI Clinical Requirements Information document and agree to make sure my facility and staff uphold these standards.

I agree to the above statements:

Please add your signature below.

Primary Preceptor Agreement-

By completing and submitting this application, I am in agreeance to act as the listed student(s) primary preceptor for this facility (the facility listed in the above document). I acknowledge that I have read and reviewed this application entirely and will verify that to the best of my knowledge the information we provided is accurate. I h237.359)-1.159(e)5.25 (e)5.534 (m)11.6(e)5.34 Tw Tw 42.4ece o

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First	Middle Initial	Last

Maiden or former name that may appear on license or diploma:

Email Address (Primary Preceptor)	Phone Number	Type of Phone

Please indicate your credentials and attach a current copy of your state credentials:

Additional comments or clarification:

Name of individual submitting this application:

 Practice Owner or Practice Manager

 Applicant

Date: