



Purdue University
Veterinary Technology Distance Learning Program

Lynn Hall, Purdue University, West Lafayette, Indiana 47907

CLINICAL MENTORSHIP AGREEMENT

Please print or type information requested

This agreement is entered into by and between _____
Facility Owner or Designee with Signature Authority

having his/her principle place of business at _____
Name of veterinary facility

Street address of veterinary facility

City State Zip Code

hereinafter referred to as "Facility Owner", and Purdue University on behalf of its College of Veterinary Medicine, hereinafter referred to as "Purdue".

The purpose of this agreement is to provide _____,
Printed Name of Veterinary Technician Student

of _____
Street Address City State Country Zip/Postal Code

a veterinary technician student enrolled in the Veterinary Technology Distance Learning Program (hereinafter referred to as "Student"), with the opportunity to practice and acquire the entry-level motor skills as outlined in the Purdue University Criteria Handbook and Log Book for the following Clinical Mentorship Course:

Course number Course title

This Clinical Mentorship Course begins _____ and ends _____.
beginning date ending date

This Clinical Mentorship Course may extend beyond the scheduled ending date if the Purdue Instructor of Record for the Clinical Mentorship course assigns an "Incomplete" ("I") grade for the semester in which the Clinical Mentorship was started, and the Facility Owner agrees to allow the student to continue in the facility beyond the ending date.

Purdue certifies that the Student is a student enrolled in the Veterinary Technology Distance Learning Program and has completed the prerequisite courses and requirements for participation in this Clinical Mentorship Course.

The Student shall pay the premium for, and be covered by, Professional Liability Insurance to be placed by Purdue University for the term of this mentorship agreement.

The Mentorship Period cannot begin until payment is received and insurance coverage is placed.

The Student is responsible for purchasing and maintaining his/her personal medical insurance coverage during the Clinical Mentorship Course.

The Student shall consult with physicians and/or medical authorities to determine and procure whatever immunizations (e.g., rabies, tetanus, etc.) and/or preventative health procedures (e.g. TB testing, etc.) are advisable and prudent for the safety of the Student during the Clinical Mentorship Course.

The Student shall treat all discussions involving the veterinarian and client, farm management, and practice management as confidential information.

The Student shall procure permission from the Facility Owner for use of any client information, patient information, or information proprietary to the veterinary facility prior to the submission of any such information for documentation of completion of the Clinical Mentorship Course.

The Student, unless otherwise agreed by the Facility Owner and the Student, is not considered an employee of the Mentorship Veterinarian and is therefore not entitled to compensation or benefits for services performed pursuant to this Agreement.

IN WITNESS WHEREOF the parties hereto have accepted the conditions of this agreement and have executed or caused their duly authorized representatives to execute this agreement.

Signature of Student _____ Date _____

Signature of Parent* _____ Date _____

* Required if student is under the age of 18

Printed Name of Facility Owner or Designee _____

Signature of Facility Owner or Designee _____ Date _____

===== Do Not Write Below This Line =====

Printed Name of Purdue Dean/ Designee: _____

Signature of Purdue Dean/Designee _____ Date _____

APPROVED _____ Date Approved _____

Deborah L. Cessna,
Director of Financial Affairs College of Veterinary Medicine