



Purdue University
Veterinary Technology Distance Learning Program

Lynn Hall, Purdue University, West Lafayette, Indiana 47907

CLINICAL MENTORSHIP SITE FACILITY
REQUIREMENT AGREEMENT - VM 20600

In order for a veterinary care facility to participate as a Clinical Mentorship site for VM 20600 Small Animal Medical Nursing Clinical Mentorship II, the facility must be equipped with the following equipment: (Check off boxes to verify that you have each item)

- Clippers with a #40 blade,
- Scissors
- Automatic water sprayer on unit or water and syringe to rinse mouth
- Stomach tube
- Slide Mailer
- Mouth speculum
- Periodontal probe,
- Hand scaler
- Ultrasonic scaler/polisher,
- ECG leads
- ECG monitor with 4 lead capability or acceptable alternative (Cardiopet or another type of phone in ECG service)

In addition, the following disposable items must be available:

- | | |
|--|--|
| <input type="checkbox"/> Syringe - assorted sizes | <input type="checkbox"/> Urinary Catheter - appropriate for |
| <input type="checkbox"/> Needles - assorted sizes (22 ga
cystocentesis) | for patient/purpose system |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Urinary collection system – if needed |
| <input type="checkbox"/> Zonas or other tape | <input type="checkbox"/> Sterile gloves |
| <input type="checkbox"/> Injection cap or T-set | <input type="checkbox"/> Fluids for parenteral administration |
| <input type="checkbox"/> Heparinized Saline | <input type="checkbox"/> IV Tubing |
| <input type="checkbox"/> IV catheter | <input type="checkbox"/> Sterile Saline |
| <input type="checkbox"/> Supplies for a sterile prep | <input type="checkbox"/> Sterile Cotton tip applicator |
| <input type="checkbox"/> Tongue depressors | <input type="checkbox"/> Microscope slides |
| | <input type="checkbox"/> Diff-Quick stain |

- | | |
|---|---|
| <input type="checkbox"/> Sof-Roll or other padding - size appropriate for patient | <input type="checkbox"/> K-Y or appropriate substitute, Water or medication for administration, syringe (size?) |
| <input type="checkbox"/> Roll Gauze - size appropriate for patient | <input type="checkbox"/> Exam gloves |
| <input type="checkbox"/> Protective wrap (Vet wrap, Coban) | <input type="checkbox"/> Enema tube - size appropriate for patient |
| <input type="checkbox"/> Sterile K-Y or alternate water-soluble lubricant | <input type="checkbox"/> Enema solution |
| <input type="checkbox"/> Prep materials for penis/vulva | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Surgical mask | <input type="checkbox"/> Tablemat |
| <input type="checkbox"/> Safety goggles | <input type="checkbox"/> Polishing paste |

I certify that the veterinary care facility _____
Name of Veterinary Hospital or Facility

has the equipment that I have indicated by checking the boxes above; and that such equipment and materials are available to the VT-DLP Student _____
Name of Student

for use in the completion of the VM 206 Clinical Mentorship.

I certify that this facility is in compliance with current OSHA (Occupational Safety and Health Administration) and any state or local regulations, requirements, or laws regarding workplace safety.

Printed Name of Facility Veterinarian:

Signature: _____ Date:

This form must be signed and returned to the student, submitted and approved by Purdue prior to beginning of the Clinical Mentorship VM 20600.