



**Purdue University**  
**Veterinary Technology Distance Learning Program**

*Lynn Hall, Purdue University, West Lafayette, Indiana 47907*

**CLINICAL MENTORSHIP SITE FACILITY  
REQUIREMENT AGREEMENT - VM 21200**

## **SELECTING THE CLINICAL MENTORSHIP SITE - FACILITY REQUIREMENTS**

You must visit the Clinical Mentorship Site and determine if the following equipment is readily available to you for use during your Clinical Mentorship. You must complete and have the facility veterinarian sign the Clinical Mentorship Site Facility Requirements Agreement.  
(Check off boxes to verify that you have each item)

The veterinary care facility must be equipped:

**With the following equipment:**

- A surgery instrument pack that may be sterilized
- A steam autoclave that is in good working order
- Surgical instruments packaged and sterilized separately
  1. Steri-peel and
  2. cloth or paper wrapped
- A surgery room
- Clippers with #40 blade
- Suture removal instrument

**With the following items:**

- Sterile surgery gown
- Sterile surgery gloves
- Supplies for a sterile surgical prep of patient
  - o Sterile gloves
  - o Sterile pourable saline
  - o Sterile gauze sponges
  - o Antiseptic scrub (povidone iodine, chlorhexidine, alcohol)
- Surgical scrub (Povidone-iodine, chlorhexidine)
- Scrub brushes for scrubbing of hands (may be disposable or re-sterilizable)
- Pourable sterile saline solution
- Instrument cleaning solution
- Instrument cleaning brushes
- Scalpel blades
- Suture material - sterile, commercially prepackaged
- Sterile surgical drapes
- Pack wraps

- Packaging for sterile instruments
- Gauze sponges
- Chemical sterilization indicator
- Tape
- Strip
- Other \_\_\_\_\_(describe)

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 21200 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 21200.*