

**Northern Virginia Community College  
Veterinary Technology Program  
Clinical Externship Affiliation Agreement**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (“Effective Date”) by and between Northern Virginia Community College, an institution of higher education and agency of the Commonwealth of Virginia, (hereinafter referred to as “NOVA”), and \_\_\_\_\_, (hereinafter referred to as “the Clinical Facility”).

WHEREAS, NOVA is an educational institution with an approved program in Veterinary Technology (hereinafter referred to as “the Program”) which requires clinical experiences of students enrolled therein (“Students”); and

WHEREAS, the Clinical Facility is a veterinary facility which has the resources in equipment and staff to provide the clinical experiences required by the Program; and

WHEREAS, it is to the benefit of the Program that the resources of the Clinical Facility be made available to Students for the required clinical experiences; and

WHEREAS, it is to the benefit of both NOVA and the Clinical Facility to cooperate in the educational preparation of Students so as to promote excellence in animal care, to ensure professional competence, and to provide maximum utilization of community resources.

NOW THEREFORE, in consideration of the promises herein contained and other good and valuable consideration the parties agree as follows:

1. Purpose

The purpose of this agreement is to establish procedures and guidelines for the provision of clinical experiences within the Clinical Facility for Students of the Program.

2. NOVA’s Responsibilities

NOVA agrees to:

- a. Present students for clinical experiences who have adequate preclinical instruction and who, in the discretion of the faculty of NOVA, have adequately fulfilled the preclinical requirements of the curriculum;
- b. Retain responsibility for the education of students in and for the curriculum of the Program, its design, delivery, and quality; and
- c. Maintain all educational records and reports relating to the experiences of its students;
- d. Require its students to execute the Clinical Facility’s pre-clinical experience paperwork prior to beginning the clinical experience;
- e. Initiate, as indicated, individual and group conference with the veterinary Clinical Facility staff for purpose of discussing student learning outcomes, student orientation and etiquette, student performance, and animal services;
- f. Verify that students are vaccinated for rabies or have provided protective rabies titers prior to entering the Program.

3. The Clinical Facility's Responsibilities

The Clinical Facility agrees to:

- a. Provide the student with at least 10 hours per week (Full-time Program) or 20 hours per week (Part-time Program) primarily as a veterinary assistant;
- b. Provide supervised clinical experiences for students which fulfill the curriculum requirements of the Program and meet the objectives agreed upon by NOVA and the Clinical Facility;
- c. Provide the Program with a minimum of seven days written notice in the event the student is no longer employed by the Clinical Facility;
- d. Assist in the orientation of the students to the Clinical Facility including appropriate reporting structure and use of equipment, reusable supplies, non-reusable supplies, and animal records as necessary for teaching purposes;
- e. Plan, administer and retain responsibility for all aspects of the patient care program and provide for qualified supervision of all patient activities;
- f. Assist in the monitoring of student learning, performance, animal care, and safety;
- g. Retain the right to dismiss from Clinical Facility any Program student who behavior or performance violates Clinical Facility's policies or rules, is hazardous to animal service, or otherwise demonstrates unprofessional conduct;
- h. Allow faculty members of NOVA access to the facilities of the Clinical Facility for the purposes of coordinating, observing and instruction of students engaged in clinical experiences;
- i. Provide, on forms furnished by the Program or as otherwise approved by the Program, an evaluation and report on the performance of each student participating in the clinical experience.

4. Responsibility of the NOVA and the Clinical Facility

NOVA and the Clinical Facility agree that:

- a. Students are employees at the Clinical Facility during their clinical experience; and
- b. Emergency treatment of the student for any injuries incurred during clinical activities must be covered through the student's personal health insurance plan, or through the Clinical Facility's workers' compensation plan. Personal health insurance coverage for the Student will not be the responsibility of NOVA;
- c. Neither party shall unlawfully discriminate against any student on the basis of race, religion, sex, sexual orientation, gender identification, creed, age, national origin, disability or veteran status;
- d. The parties are independent contractors in relation to one another and neither party is authorized or permitted to act as an agent or employee of the other;
- e. This Agreement may be modified by mutual consent, provided that all modifications will be in writing and signed by officials of the Program and of the Clinical Facility;

- f. The Program does not assume liability for any injuries, claims, damages, or losses of the Clinical Facility unless caused by the negligent acts or omissions of Program faculty, or staff in performance of this Agreement;
- g. A copy of the Program's certificate of liability coverage will be provided at request of the Clinical Facility;
- h. Clinical Facility understands that it may, pursuant to the Agreement, generate or otherwise be in possession of confidential education records regarding NOVA's students, and that these records are protected by federal law including, inter alia, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C.A. 1232g. Clinical Facility further understands that it may not share or disclose these education records with any party other than NOVA, without both NOVA's and the relevant student's consent;
- i. All clinical offsite Program activities are governed by USDA/APHIS Regulations and the AVMA CVTEA Guidelines and in compliance with the Virginia Veterinary Practice Act. Animal Service activities are monitored and approved by the Program's Institutional Animal Care and Use Committee (IACUC). Additionally, all activities shall comply with:

Applicable Regulations and Guidelines:

- a. Animal Welfare Act, {9 CFR, parts 1-99, rev 2017. APHIS, USDA}
- b. Accreditation Policies and Procedures of the Committee on Veterinary Technician Education and Activities, (January 2018)
- c. USDA APHIS Animal Care Policies, (October 2017)
- d. Guide for the Care and Use of Laboratory Animals, (Animal Resources Program, Division of Research Resources, National Institutes of Health)
- e. Guide for the Care and Use of Laboratory Animals, (2011, Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council, National Science Foundation)
- f. Code of Virginia Veterinary Medicine (Chapter 38, Statue 54.1-3800)

5. Governing Law

This agreement shall be governed by the laws of the Commonwealth of Virginia and the Virginia Board of Veterinary Medicine for practical training in an externship.

18VAC150-20-130. Requirements for practical training in a preceptorship or externship.

A. The practical training and employment of qualified students of veterinary medicine or veterinary technology shall be governed and controlled as follows:

1. A veterinary student who is enrolled and in good standing in a veterinary college or school accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary preceptee or extern may perform duties that constitute the practice of veterinary medicine for which he has received adequate instruction by the college or school and only under the on-premises supervision of a licensed veterinarian.

2. A veterinary technician student who is enrolled and in good standing in a veterinary technology program accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary technician preceptee or extern may perform duties that constitute the practice of veterinary technology for which he has received

adequate instruction by the program and only under the on-premises supervision of a licensed veterinarian or licensed veterinary technician.

B. Whenever a veterinary preceptee or extern is performing surgery on a patient, either assisted or unassisted, the supervising veterinarian shall be in the operatory during the procedure. Prior to allowing a preceptee or extern in veterinary medicine to perform surgery on a patient unassisted by a licensed veterinarian, a licensed veterinarian shall receive written informed consent from the owner.

C. When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.

D. A veterinarian or veterinary technician who supervises a preceptee or extern remains responsible for the care and treatment of the patient.

For more information about Section A2, please visit the Virginia Board of Veterinary Medicine website below.

<http://www.dhp.virginia.gov/media/dhpweb/docs/vet/guidance/150-3.pdf>

6. The term/termination of this Agreement shall be as follows:

a. This agreement commences on \_\_\_\_\_ and is in effect for two (2) years or upon completion of the Full-time Program or is in effect for three (3) years or upon completion of the Part-time Program. It shall be reviewed each semester by the parties, and it may be terminated by either party in writing or certified mail at least fifteen (15) days prior to the date of termination for that year. Either party may terminate this agreement at any time, including during the initial term, with or without cause, upon 15 days written notice to the other party.

b. Termination of this Agreement may be affected by either party at the addresses of correspondence given below:

Notice to the Clinical Facility shall be directed to:

**Primary mentor name:** \_\_\_\_\_

**Organization name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Notice to NOVA shall be directed to:

**Northern Virginia Community College**  
**Dr. Julie Leidig**  
**Provost, Loudoun Campus**  
**LOVetTech@nvcc.edu**

7. Form A, a template attached hereto, shall be completed by the Clinical Facility for each student assigned pursuant to the terms of this Agreement. Copies of each completed Form A will be provided to NOVA. Form A will include the student's name, the mentor and assistant mentor's (if any) contact information as well as the acknowledgement by the Practice Owner authorizing the placement and preceptorship as well as authorizing any permissions needed by the student.

**Form A: Mentor Information and Authorization**

Student First and Last Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Circle one: Full-Time or Part-Time

Primary Mentor Contact Information

Primary Mentor Name: \_\_\_\_\_

Licensing State and Active License Number: \_\_\_\_\_

Email (for NOVA Communications): \_\_\_\_\_

Alternate Email (optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please check or initial which condition applies and sign below:

\_\_\_\_\_ I am not the owner of the practice where the student will be mentored by me. I will help ensure permission for the student to film under appropriate circumstances.  
(Please complete Section A below if mentor is not the owner of the practice)

\_\_\_\_\_ I am the owner of the practice where the student will be mentored and will authorize filming by the student under appropriate circumstances.

Assistant Mentor Contact Information (Complete if choosing to have more than one mentor)

Secondary Mentor Name: \_\_\_\_\_

Licensing State and Active License Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Tertiary Mentor Name: \_\_\_\_\_

Licensing State and Active License Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**IN WITNESS THEREOF**, the parties hereto have caused this agreement to be executed on the day, month, and year as written above:

\_\_\_\_\_  
**Clinical Facility Name**

\_\_\_\_\_  
Organization Authorized Representative

\_\_\_\_\_  
Title

I am the owner/ medical director/ VIC (**circle all that applies**) of the practice where the Student will be mentored and have knowledge of this Mentor Memorandum of Agreement. I will authorize filming by the student under the appropriate circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Northern Virginia Community College**  
Dr. Julie Leidig  
Provost, Loudoun Campus

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date