

# NOVA VET TECH MENTOR/STUDENT ACKNOWLEDGEMENT FORM

**By signing below, we acknowledge the following:**

- We have read through the entirety of the NOVA Vet Tech Mentor/Student Resource Packet.
- We have received lists of the equipment and essential skills required by the AVMA and will adhere to NOVA's policies for skill completion.
- We understand the responsibilities and requirements of both the mentor and student roles if classes are taken either on campus or online, including completion of the Mentor Check-In Form at the beginning of each semester and a follow-up survey at the end of each semester.
- We understand that agreeing to take classes online means that we have the time, resources, and support necessary to record all the skills required for online lab video assessments.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Program (**circle one**): Full Time / Part-Time      Lab Preference (**circle one**): On Campus / Online

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Mentor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Primary Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Mentor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Secondary Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tertiary Mentor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Tertiary Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_