Mentor
Memorandum of Agreement
Veterinary Technology Online Degree Program
Northern Virginia Community College

Mentor: ______________________________________________________
(Print mentor’s name)
I agree to serve as the primary mentor for

Student: ______________________________________________________
(Print student’s name)
This student is employed at least 20 hours per week at:
Hospital Name: ____________________________________________________
Address ____________________________________________________________
Phone number ______________________________________________________

Assistant Mentor (optional, must be licensed veterinarian or licensed veterinary technician)
I am appointing ______________________________________________________
as an assistant mentor (must be a licensed veterinarian or licensed veterinary technician).

Information about the Online Veterinary Technology Degree Program related to mentoring:
- The Program takes 8 consecutive semesters to complete.
- Examinations are administered 2-3 times a semester at local community college testing centers.
  Campus visits by the student are required, an average of 2-3 times per semester, and are held at
  the Loudoun Campus, Northern Virginia Community College in Sterling, Virginia.
- Students are informed of testing dates and campus visits dates at the beginning of each semester.
  It is the student’s responsibility to arrange his/her own schedule for testing and campus visits,
  and to notify the mentor of any course activities or projects.
- Students should also schedule some time to meet with their mentors to practice clinical skills
  and review assignments on a regular basis.
- The mentor is an essential part of the online educational process by supervising the student’s
  activities at the student’s place of employment in the veterinary facility.

Mentor responsibilities include, but not limited to, supervising the following clinical skills:
- Placement of intravenous catheters of the cephalic and jugular veins
- Placement of urinary catheters
- Administration of oral and injectable medications
- Restraint of patients
- Endotracheal intubation and administration of anesthetic agents
- Monitoring of student’s laboratory and clinical skills in hematology, clinical chemistry,
  urinalysis, cytology, parasitology, radiology, client relations, and other activities related to
  employment in an animal hospital.
- Assistance with dental prophylaxes including providing basic dental instruments (as determined
  by college instructor) needed for teeth cleaning.
- Assistance with specimen collection for course work including providing access to stains such as Diff Quik (or equivalent) and microscope slides
- Facilitating the appropriate filming of the student’s skills for evaluation purposes
- Monitoring the student’s progress with assignments and meeting with or communicating with faculty members regarding the student’s progress or lack thereof.
- Provide required Personal Protective Equipment, including safety monitoring devices such as dosimetry badge for radiology.

I agree to be the primary mentor for the above mentioned student by fulfilling above requirements and submitting my credentials when requested. I am employed at the same hospital where the student is employed and will be supervising the student’s activities.

**Primary Mentor** (please print):

_______________________________________________________________
I am a graduate veterinarian, my state license number is (indicate state also)

_______________________________________________________________
Contact Information:
Phone Number ____________________________________________
Cell Phone Number ___________________________ Email ____________________________

**Assistant mentor** (please print)
Assistant mentor’s name, title
_______________________________________________________________
State license number (indicate state also)
_______________________________________________________________
Contact information:
Phone Number ____________________________________________
Cell Phone Number ___________________________ Email ____________________________

**Primary Mentor- 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.

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

Print name ____________________________________________

Signature ____________________________________________ Date ________________________

Received by _______ date _________