



Extramural Registration Form

MUST BE APPROVED A MINIMUM OF ONE MONTH PRIOR TO PRACTICE VISIT

Student Information

Name: ID #: Email Address: @ncsu.edu Phone Number: Choose One NCSU Ross SGU Graduation Year:

Course Information

Clinical Rotation (4th year) Selective/Elective (1st - 3rd year) Dates of Experience: From to Approximate number of total working days: Approximate number of total hours:

Clinical year only Block Number: Selectives only Semester: Fall Spring Number of Credits:

Extramural for which you are applying for credit (Choose one):

Clinician Scientist Res. Exp./Extramural Research Equine (4th year only) Food Animal/Mixed (4th year only) International (Topic:) Lab Animal Lrg. An. Prac. Exp (1 - 3 year only) Pathology Public Health/Epi Small Animal Zoological Medicine Special Topics:

International Experiences Only

VMP 999 Vet International Program (Clinical Year) Section Number: (Block Number) VMP 992, VMP 900 or VMP 909; or VMC 922 or 924- Vet Intl (1st - 3rd year) Section Number: (001, 112, 212, or 312)

Practice Information

Supervisor: DVM PhD Other: Practice Name: Address: Phone: Fax: Email:

The practice is: (please check all that apply)

Location: In North Carolina Outside of North Carolina but in the U.S. International Type: Private Practice University Government Run Organization Corporate Run Organization

Student

Student Name: _____

The following sections should be completed by the Student.

Previous experience: (Please Initial ONE)

_____ I **have not** previously visited the location for academic credit during my veterinary career.

_____ I **have** previously visited this location for academic credit during my veterinary career.

Note: Students are not recommended to visit the same location for extramural credit. Should students seek to attend the same location for credit, they will need to provide a justification to the course coordinator indicating why the additional experience would be significantly different from the first, enough so to justify credit. Written approval must be attached to this form.

As a student in our externship program, students are required to and agree to: (Please Initial)

_____ Adhere to the policies, regulations and rules of NC State and the externship site and comply with the location's business practices and procedures. This may include signing various agreements prepared by the site and securing/certifying appropriate insurance coverage. Any agreement(s) signed by a Student is signed on behalf of the Student and not on behalf of NC State.

_____ Conduct themselves in a professional manner as a representative of NC State CVM.

_____ Demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.

_____ Utilize the experience to study or participate in clinical and/or research experiences to further their veterinary education.

_____ Not visit a location where a family member (parent, spouse, sibling, etc.) is an owner or employee.

_____ Submit all pre-experience and post-experience paperwork prior to the deadline. Failure to submit paperwork before the deadline may result in a loss of credit for the experience.

_____ Contact the relevant governing veterinary board to determine what activities are permissible to perform during their experience based on their professional year and level of experience. In NC, first to third years can only function as a veterinary assistant as outlined by the NC Privacy Act (<http://www.ncvmb.org/laws.php>).

_____ Review and adhere to all other guidelines as set forth by NC State CVM. Additional guidelines can be found here: <https://cvm.ncsu.edu/dvm-students/curriculum/extramural-studies/>.

4th year only: (Please Initial ONE)

_____ I have completed the NCVMB Student Application and submitted it to NCVMB. Please forward receipt of your submission to cvm-extramural@ncsu.edu. *(NC Private Practice only)*

_____ I have checked the state, corporation, business, or practice's website and completed the necessary student requirements, if any. *(All other locations)*

International Visit Only: (Please Initial)

If you complete your practice outside the U.S. you must also complete a DVM International Programs Application with the Study Abroad Office. As part of that application, you will be asked to upload a copy of this completed form. The DVM International Programs study abroad application should be completed one month prior to departure.

_____ I will complete the Study Abroad Office Application for international travel and will provide a copy to Student Services at NC State CVM upon its acceptance. If my Study Abroad Office Application is denied for any reason, or I am otherwise unable to travel internationally, I will be personally responsible for any and all costs which I may have incurred.

Student's Signature

The extramural conforms to the rules and regulations for an extramural experience.

Print Name: _____

Signature: _____

Date: _____

Supervisor

Student Name: _____

The following sections should be completed by the Supervisor.

Supervisor's position and responsibilities: (additional pages may be attached)

Student's responsibilities/duties while participating in the extramural: (additional pages may be attached)

Approximate number of student work days per week: _____ Approximate number of student work hours per week: _____

As a partner in our externship program, supervisors are required to and agree to: (Please Initial)

_____ Provide students with an orientation of the practice/facility, covering specifics regarding student's roles, responsibilities and how they will be evaluated.

_____ Request/require/allow students to participate only in activities for which they are qualified & can legally perform. In NC, first to third years can only function as a veterinary assistant as outlined by the NC Privacy Act (www.ncvmb.org/laws.php). In another state, consult your veterinary board if clarification is needed.

_____ Provide opportunities for student participation in clinical decision-making.

_____ Guide student development in clinical reasoning, diagnosis, and patient management.

_____ Assess student's performance in the areas of attitude and effort, interpersonal and communication skills, organizational ability, knowledge base, clinical skills (if applicable), and other expectations (if applicable).

_____ Support students in developing and further refining their critical thinking abilities.

_____ Comply with the terms of any relevant Agreement between NC State and Site. For more information on whether an Agreement has been entered into, please contact the appropriate official at the Externship Site.

_____ Review and adhere to all other guidelines as set forth by NC State CVM. Additional guidelines can be found here: <https://cvm.ncsu.edu/dvm-students/curriculum/extramural-studies/>.

Liability Insurance

Students in **professional year four, the clinical year**, that are completing the aforementioned extramural experience for academic credit, are covered by their home institution's (NC State, Ross, or SGU) liability insurance program. If needed, the student can supply you with a certificate of insurance.

Students in **professional years one, two and three** that are completing the aforementioned extramural experience for academic credit, are NOT covered by NC State's Liability Insurance Program. Students are encouraged to seek AVMA PLIT for coverage.

Supervisor's Signature

****Required prior to submitting to Advisor and Course Coordinator****

I am willing to serve as the student's supervising veterinarian and have approved the dates of the visit.

Print Name: _____

Signature: _____ Date: _____

If you have any concerns regarding the student or the process, please email the Clinical Coordinator at: cvm-extramural@ncsu.edu or 919-513-6262.

Student's Faculty Advisor

Student Name: _____

I approve of the externship location and outline.

Print Name: _____

Signature: _____ Date: _____

Required for international experiences only

Email: _____ Phone: _____

Course Coordinator

The externship meets the guidelines of the extramural and I approve of the externship location and outline.

Print Name: _____

Signature: _____ Date: _____

Required for international experiences only

Email: _____ Phone: _____

International Course Coordinator (International Experience Only)

This externship conditionally meets the guidelines for Study Abroad activities. However, Students must complete a Study Abroad Office Application for international travel and provide a copy to Student Services at NC State CVM upon its acceptance. I approve of the externship location and outline.

Print Name: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Note: Students completing an international experience must complete the Study Abroad Office Application for approval of this extramural experience. If the Study Abroad Office Application is denied for any reason, or the Student is otherwise unable to travel internationally, the Student will be personally responsible for any and all costs which may have been incurred.

This form must be remitted to the Office of Student Services at least one month prior to the experience.

Failure to turn in the form on time could result in being dropped from the course and not receiving credit for the experience.

NCSU Student Services | cvm-extramural@ncsu.edu | Ph: 919-513-6262 | Fax: 919-513-6197