

Policy for Students Seeking Clinical Rotation Externship Experience

University of Georgia College of Veterinary Medicine

1. All veterinary students requesting permission to participate in a clinical rotation must submit the following to the Clinical Academic Affairs Office at least 2 months prior to the requested dates of attendance:
 - a. A copy of his/her veterinary school/college transcript or signature from his/her veterinary school administration on the attached application form verifying that the individual is a current student in good standing.
 - b. Clinical rotation experience desired and requested dates of attendance in the attached Externship Registration Form.
 - c. Evidence of active health insurance coverage that will continue through the requested externship period
 - d. Current immunization record and evidence of current rabies immunoprophylaxis (results/booster received within 2 years of visit)
 - e. A signed copy of the attached acknowledgement of risk and release of liability form.
 - f. All students taking the rotation for academic credit must provide proof of student AVMA liability insurance coverage.
 - g. International students from a veterinary school that teaches in a language other than English as the primary language must provide a letter of support from their home institution that supports the student's English proficiency.

All requests will be reviewed and a decision on the request will be made by the Director of Clinical Academic Affairs, and if needed, after consultation with the Associate Dean for Academic Affairs and the Head(s) of the Department(s) offering the externship experience. Accepted students will be provided a list of potential housing and parking options to be arranged by the visiting student.

Upon arrival, a visiting student taking a hospital rotation will register with the Clinical Academic Affairs Office (Room 1903 in the Veterinary Education Center at the Veterinary Medical Center). If a student is taking the Parasitology, Anatomic Pathology, or Wildlife (SCWDS) rotation, the visiting student will register with the Academic Affairs Office on main campus at the College of Veterinary Medicine. If the student is receiving academic credit for the externship, they will receive a locker, Vetview access, and a visitor's access card.

2. **Students from AVMA accredited schools that have a full-service teaching hospital** may complete an externship rotation in which they have patient responsibility and will receive academic credit. There is no charge to the student for this (these) rotations for up to 6 weeks, if their home institution accepts externs from the University of Georgia College of Veterinary Medicine. **If they wish to stay longer than 6 weeks, there will be a fee for the additional weeks. The fee per week will be equal to the cost of out-of-state tuition per week** (approximately \$1,200 per week).
 - a. Case responsibility will be assigned at the discretion of the attending clinician.
 - b. If the student is not receiving academic credit and would only like to observe without patient responsibility, there is no fee.
3. **Students from AVMA accredited schools that do not have a full-service teaching hospital** may complete an externship rotation at UGA in which they have patient responsibility and will receive academic credit, but there is a fee per week for this rotation. The fee per week is equal to the cost of out-of-state tuition per week (approximately \$1,200 per week).
 - a. Case responsibility will be assigned at the discretion of the attending clinician.
 - b. If the student is not receiving academic credit and would only like to observe without patient responsibility, there is no fee.

4. **International students from veterinary colleges that are *not* AVMA accredited:**

- a. If their home institution has a Memorandum of Understanding (MOU) through the Office of International Education that facilitates **mutual** exchange of students,* they may request permission to complete an externship rotation at UGA in which they **observe and do not have patient responsibility for up to 6 weeks**. If they wish to stay longer than 6 weeks, unless specifically addressed by the MOU there will be a fee for the additional weeks. This fee per week will be equal to the cost of out-of-state tuition per week. Faculty who wish to establish an MOU with a program must have a letter of support from their Department Head and the Associate Dean for Academic Affairs.
- b. If their home institution does not have a Memorandum of Understanding (MOU) through the Office of International Education that facilitates mutual exchange of students,* they may request permission to complete an externship rotation at UGA in which they **observe and do not have patient responsibility for up to 6 weeks**. They may not stay longer than 6 weeks. **There is a \$100 application fee. In this scenario, students must also be sponsored by a current UGA CVM Faculty Member.**

The sponsoring Faculty Member must assist in the coordination of the following:

- i. General communication between the student(s) and the Clinical Academic Affairs Office
- ii. Assist student with arranging appropriate clinic attire, housing, transportation, and other logistical requirements.
- iii. Assist student with VISA application requirements (with the assistance of the Clinical Academic Affairs Office).
- iv. On the ground mentorship (including, but not limited to, tour and orientation to the UGA CVM, introduction to the assigned clinical rotation, assisting with any communication barriers, etc.)

**The Director of the Clinical Academic Affairs Office and if needed, after consultation with the Associate Dean for Academic Affairs, will be solely responsible for determining which home institutions meet these criteria.*

11/18/15 Cornell/Barton/Hondalus. Approved by Dean Sheila Allen.

04/25/17 Brown/Barton. Approved by Interim Dean Harris.

11/28/17 Barton/Brown. Approved by Associate Dean Scott Brown.

Risk Acknowledgement
READ CAREFULLY BEFORE SIGNING

I hereby acknowledge my awareness that the University of Georgia College of Veterinary Medicine manages both domestic and non-domesticated animals. These animals may present a health risk to humans associated with communicable diseases that include but are not limited to *Salmonellosis, Rabies, Leptospirosis, Toxoplasmosis, Brucellosis, Toxic venom, Cryptosporidiosis, Tuberculosis, Staphylococcus infection, and Mycoplasmosis*. I realize that some of these are potentially lethal and that preventative vaccines for most are unavailable.

Additionally, animals may further present a risk from direct bodily injury such as kicks, bites or direct trauma with horns, head, or other parts of the animal's body. I recognize that there are risks associated with the presence and/or use of equipment, tools, supplies, medications, and other material in the college.

I agree that I will follow the directions of The University of Georgia's faculty and staff. I hereby assume any and all such risks associated with the visitation, observation, training, events, meetings, outreach and/or volunteer activity associated with my time with the College of Veterinary Medicine and all of its facilities. Should I require medical testing or treatment as a result of accident, disease exposure, or illness arising during this time, I agree that I am financially responsible for any medical bills incurred as a result of medical examination or treatment.

Signature _____

Date _____

Printed name _____

Emergency contact name _____

Emergency contact is: (please \surd one)

Parent

Spouse

Other (please specify _____)

Phone number of Emergency contact _____



For Office Use Only: MyID & Password, VetView, Card #, Evaluate, Email Sched

Externship Registration Form

To confirm your externship please complete this registration form and submit (by email or fax) to Sarah Jaworski, FAX: 706-357-0118 or sarah.jaworski@uga.edu or bartonmh@uga.edu

Last Name, First Name, Birth date, Male, Female

Address

City, State, Country, Zip Code

Daytime Phone #, Home Phone #

Cell Phone #, E-mail Address

Emergency Contact, Phone#

I am a currently enrolled degree seeking student in a Doctor of Veterinary Medicine program: YES NO

I will be a clinical rotation student at the time of my externship at UGA: YES NO

I understand I am responsible for my own travel, accommodations, meals, parking, and all personal expenses. I understand that I must have my own health insurance coverage or be covered by my veterinary school/college in order to participate in an externship at The University of Georgia College of Veterinary Medicine and that I must have appropriate rabies prophylaxis. I understand that I am expected to fully participate (including weekend and night-time emergencies, if applicable to the rotation). YES NO

I agree to pay a deposit of \$25.00 for a building access card: YES NO

(Please bring cash or check with you when you check in. This will be refunded when the access card is returned).

Student Signature:

Date:

Requested Dates (In order of preference): 1) 2) 3)

Please rank three areas of interest in order of preference: (All available externships are outlined below.)

- LA Surgery, LA Medicine, LA Anesthesia, LA Emergency, Beef or Dairy, Beef in Tifton, GA, General Theriogenology, SA General Surgery, SA Orthopedic Surgery, SA Anesthesia, SA Emergency, SA Community Practice, SA Nutrition, SA Neurology, SA Internal Medicine, SA Ophthalmology, Exotics, Wildlife, Zoo Medicine, Practice Management, Diagnostic Pathology, Parasitology, Wildlife, Anatomic Pathology Clerkship, Avian Histology, Avian Medicine

**Will require permission of the instructor.

Student's Home University Information:

Currently attending:

Director/Associate Dean of Academic Affairs

Name: Office number:

Fax number: Email address:

I do hereby certify that the above identified person is a student in our school, is in good academic standing, will receive credit for their academic experience at The University of Georgia, and is eligible for clinical rotations. Additionally, while at The University of Georgia the student will not be covered for professional liability through The University of Georgia. If taking the rotation for academic credit, student must be enrolled in the AVMA student membership liability plan.

Director / Associate Dean of Academic Affairs

Date

Externship Application Checklist:

- a. Filled out and returned the Externship Registration Form.
- b. Provide proof of active health insurance coverage that will continue through the requested externship period.
- c. Provide proof of current rabies immunoprophylaxis.
- d. Proof of current immunizations
- e. Returned a signed copy of the acknowledgement of risk and release of liability form.
- f. All students taking the rotation for academic credit must provide proof of student AVMA liability insurance coverage.
- g. International students from a veterinary school that teaches in a language other than English as the primary language must provide a letter of support from their home institution that supports the student's English proficiency.
- h. Tuition or Application fee **if applicable**.
 - i. Out of state tuition if
 1. From an AVMA accredited school with a full-service teaching hospital and staying more than 6 weeks for academic credit
 2. From an AVMA accredited school without a full-service teaching hospital and requesting academic credit
 3. From a nonAVMA accredited hospital with an MOU and staying more than 6 weeks.
 - ii. \$100 application fee if from a nonAVMA accredited school without an MOU
 1. Checks should be payable to the University of Georgia, College of Veterinary Medicine. In the memo line: Extern application fee