



College of Veterinary Medicine

LINCOLN MEMORIAL UNIVERSITY

Please Print or Type

Doctor Enrollment Information

Thank you for providing this information to LMU-CVM for the Community Based Hybrid Distributed Clinical Education Program. Information collected on this form will be shared internally with students.

Please complete and provide this information **for each doctor** participating in the Program at the site.

If you have any questions, please contact the LMU-CVM Clinical Relations and Outreach Office, at 423-869-6009, or 423-869-6841

Today's Date: _____ Practice/Facility Name: _____

Doctor Information – Please provide the following information **for each doctor** at the facility.

For additional forms visit: <http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/>

First Name: _____ Middle Initial: _____ Last Name: _____

Degrees: _____

Veterinary degree awarded from (school): _____ Year of graduation: _____

Veterinary License (state/province): _____ Veterinary License Number: _____

Veterinary License Expiration Date: _____

Veterinary Specialty/ Certificates/Credentials – if any (e.g. ACVIM, ABVP, IVAS, etc.): _____

Year of Certification: _____

Approximate hours worked per week: _____ Agree to oversee students during Program? (Y/N) ____

Doctor prefers to be contacted via email _____ phone _____ fax _____

Doctor Personal phone number: _____

Doctor's Email Address: (where student evaluations may be sent): _____

Doctor Fax: _____ Other: _____



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Below, please note the approximate number of cases per a typical working **DAY** seen by doctor listed above. Please note all that apply.

Avian _____ Bovine _____ Canine _____ Caprine _____ Equine _____ Exotic _____
Feline _____ Porcine _____ Ovine _____ Other Small Ruminants _____
Reptiles _____ Zoo/Wildlife _____ Other (species/daily cases) _____/_____
Other (species/daily cases) _____/_____
Other (species/daily cases) _____/_____

Areas where doctor feels qualified to instruct

– Please select subjects below in which the doctor listed above feels qualified to instruct/educate students.

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Anatomic Pathology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ancillary Diagnostics in
Medicine & Pathology | <input type="checkbox"/> One Health |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Aquatic Medicine | <input type="checkbox"/> Poultry Medicine |
| <input type="checkbox"/> Avian Practice | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Beef Cattle Practice | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Business | <input type="checkbox"/> Radiology/Diagnostic Imaging |
| <input type="checkbox"/> Canine Practice | <input type="checkbox"/> Regulatory Medicine |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Rehabilitation-Therapy
Medicine |
| <input type="checkbox"/> Dairy Practice | <input type="checkbox"/> Research |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Rural Practice |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Shelter Medicine |
| <input type="checkbox"/> Emergency Medicine & Critical
Care | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Small Ruminant Practice |
| <input type="checkbox"/> Equine Practice | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Exotics Practice | <input type="checkbox"/> Swine Practice |
| <input type="checkbox"/> Feline Practice | <input type="checkbox"/> Theriogenology |
| <input type="checkbox"/> Food Animal Practice | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Wildlife Medicine |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Zoological Medicine |
| <input type="checkbox"/> Lab Animal Medicine | <input type="checkbox"/> Other – |
| <input type="checkbox"/> Neurology | Please note _____ |



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Has there been or are there any pending disciplinary actions, by any state veterinary board or federal regulatory agency, against your veterinary license? [Yes/No] _____

If Yes to the above question, please provide an explanation and attach it to this document.
Information received on this matter, will be kept confidential and not be shared with students.

When available, please contact about potential clinical research opportunities [Yes_____ No_____

I acknowledge that I am aware of all local, state or provincial, and federal/national regulations regarding the role of veterinary students (e.g. state practice act) in my facility and I will abide by all applicable regulations.

Print Name: _____

Sign Name: _____

Date: _____