



Lincoln Memorial University – College of Veterinary Medicine Proposal for Elective Experiences

STUDENT TO COMPLETE - Proposal for Elective Rotation (4/8/12/16 weeks) or Externship (2 weeks)

LMU-CVM students are required to complete 16 weeks of elective veterinary clinical experience during their clinical year. Elective Rotations are 4 weeks in duration; elective rotations of 8, 12 and 16 weeks in length may be approved for research and similar unique experiences. Externship Rotations are 2 weeks in duration; a student may take a maximum of 2 externship rotations in their clinical year.

It is required that students complete a minimum of 35 hours per week in the chosen elective clinical experience. The requirement is based upon weeks and not hours, e.g. 4 weeks with a minimum of 35 hours per calendar week (Sunday – Saturday) at the site. It is expected that an additional amount of time away from the site (10-20 hours per week) will be required in order to make it a valuable and credible learning experience.

Students in the LMU-CVM Program have liability insurance during the clinical year, as long as the student is receiving academic credit for participation at the site. The insurance is provided by LMU and is in force in the U.S.A., Canada and Puerto Rico. If the elective site is outside of these areas, **students are responsible for obtaining appropriate liability coverage**. It is best to contact the supervisor of the proposed site on where best to obtain liability insurance when the site is outside the U.S.A., Canada and Puerto Rico. **It is the student’s responsibility to obtain this liability coverage.**

All of the following must occur for an elective to be considered for approval & academic credit:

- **This form must be completed in its entirety, by the student. Do not send to someone to complete.**
- Electives & externships must be approved prior to attending the site, and must be overseen by a veterinarian or a PhD (clinical site supervisor or preceptor).
- Electives & externships must have at their root, the improvement of veterinary skills.
- Students will be evaluated by the supervisor/preceptor at the site. The supervisor at the site must complete two evaluations on the student. One during week 2 of the experience and the second at the conclusion of the elective or externship.
- Students are required to evaluate the supervisor of the site and the site. This will be shared.
- Students must perform a self-evaluation.
- All evaluations must be completed and submitted electronically, for students to obtain academic credit. It is the student’s responsibility to be sure that evaluations are submitted in a timely manner by the elective site.
- Students will document their elective experiences in their electronic portfolio.

Personal Information

Submission Date of Proposal/Today’s date:

Student’s Name making submission:

Student’s Phone number:

Student’s Email address:

This Proposal is for: Elective Rotation (4 wk 8 wk 12 wk 16 weeks) -or- Externship Rotation (2 weeks)

Start and End Dates should be set up in advance with the potential site.

Students are required to identify potential start and end dates that are acceptable with the site, **and align with the LMU-CVM clinical year calendar.**

Proposed dates are required to align with the LMU-CVM clinical year calendar. Please use MM/DD/YR format.

Proposed Start Date (1): _____ Proposed End Date (1): _____ Clinical Year Block Number: _____

Proposed Start Date (2): _____ Proposed End Date (2): _____ Clinical Year Block Number: _____

Proposed Start Date (3): _____ Proposed End Date (3): _____ Clinical Year Block Number: _____

Proposed Start Date (4): _____ Proposed End Date (4): _____ Clinical Year Block Number: _____



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Clinical Site Information

Doctor/Supervisor - Primary contact

Doctor/Supervisor name:

Email address of Doctor/Supervisor (personal email preferred - **required**):

Phone number of Doctor/Supervisor (personal/private number preferred- **required**):

Boarded Specialty (if any):

Special Interests:

Practice/Facility

Practice/Facility name:

Practice/Facility address:

Practice/Facility City:

Practice/Facility State:

Practice/Facility Zip Code:

Practice email address:

Practice website address:

If not in the U.S., please provide country of where facility is located/where experience will occur:

If not in the U.S. or Canada, please verify, by signature, that the student will provide the necessary veterinary liability insurance for this rotation. Signed (Student signature): _____

Other Personnel at the Practice Facility

Name of **secondary contact** personnel at site (e.g. staff/office personnel **required**):

Secondary contact email address (**required**):

Phone number of secondary contact (personal/private number preferred):

Discipline/Description of proposed elective experience (Please select one):

- | | |
|--|---|
| <input type="checkbox"/> Feline Practice Exclusive | <input type="checkbox"/> Equine Practice Exclusive (>90%) |
| <input type="checkbox"/> Canine Practice Exclusive | <input type="checkbox"/> Equine Practice Predominant (>50%) |
| <input type="checkbox"/> Small Animal Exclusive – Canine/Feline (> 90%) | <input type="checkbox"/> Avian – pet |
| <input type="checkbox"/> Small Animal Predominant – Canine/Feline (>50%) | <input type="checkbox"/> Avian – production |
| <input type="checkbox"/> Mixed Animal | <input type="checkbox"/> Exotic - pet |
| <input type="checkbox"/> Food Animal – Beef | <input type="checkbox"/> Zoo animal |
| <input type="checkbox"/> Food Animal – Dairy | <input type="checkbox"/> Research |
| <input type="checkbox"/> Food Animal - Poultry | <input type="checkbox"/> Lab Animal |
| <input type="checkbox"/> Food Animal – Other | <input type="checkbox"/> OTHER (please describe): |

Brief description of experience proposed at the facility (attach additional sheet if necessary – address how attending this facility helps you, the student, reach your career goals).

Please verify that this elective will consist of a minimum of 35 to 40 hours per week at the facility noted above [Y/N]

A typed name will be accepted as your acknowledgement of the above and submission of this proposal.

Student Signature:

Date submitted:

Submit via your electronic portfolio

Questions? Contact the office of Clinical Relations and Outreach - LMUCVM.ClinicalRelations@LMU.net