



Department of Veterinary Clinical Sciences Visitors Program Application

Clinical experiences including patient exams, rounds, special procedures and surgeries are strictly hands-off and observation only for all visitors.

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____ Telephone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School, Institution or other Entity you are associated with: _____

Type of Visitor: Short-Term Visitor (Up to 1 Week) Visiting Scholar (minimum of 2wks, max of 2mon)

I am a/an:

- Undergraduate Student
- 1st – 3rd year veterinary student
- 4th year veterinary student
- Intern
- Resident
- Graduate Student/Researcher
- Faculty

Requested Rotations:

- Anesthesiology & Pain Management Cardiology
- Diagnostic Imaging & Radiology Equine Emergency/CC
- Equine Medicine Equine Surgery Food & Fiber Med/Sx
- Medical Oncology Neurology & Neurosurgery
- Nutrition Ophthalmology Radiation Oncology
- Small Animal Emergency & Critical Care
- Small Animal Internal Medicine
- Small Animal Surgery – Orthopedics
- Small Animal Surgery – Soft Tissue
- Small Animal Surgical Oncology Sports Medicine & Rehab
- Theriogenology & Reproductive Medicine

Date(s) Requested:

University/Faculty Contact: _____

**Please list the names of faculty or staff in the Department of Veterinary Clinical Sciences you have contacted concerning your proposed visit.*

Additional Comments:

Please provide any comments, questions or special circumstances you believe would be beneficial in approving your application.

All visitors must email their completed and signed application along with their Curriculum Vitae (CV) to the Visiting Program Coordinator, Chelsea Souder at souder.60@osu.edu and complete a First Advantage Background Check prior to approval of their visit. Information for completing the background check will be sent upon submission of all required documentation.

If you are a visiting scholar, the following documents are also required:

- Proof of Health Insurance
- Proof of Liability Insurance
- Proof of rabies vaccination within the last 12 months

Acknowledgement of Liability and Statement of Confidentiality

Please verify by checking the box next to each statement that you have read and understand the following:

- I acknowledge that this opportunity does not include any clinical, hands-on experience. My role as a visitor will be in an observational capacity only.
- I understand that I will be notified via the email provided on this form when my visit is approved and that I will be responsible for any applicable fees at that time.
- The information provided above is accurate and correct to the best of my knowledge.
- I have current and comprehensive Health Insurance.
- I have current and comprehensive Professional Liability Insurance
- I, the above-named participant, am eighteen years of age or older and have voluntarily chosen to participate in the above-described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may results in illness or personal injury and I understand and appreciate the nature of such hazards and risks. I further acknowledge that I am not being paid by, nor am I an employee of The Ohio State University or entitled to any University benefits for my participation in this activity. In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release The Ohio State University, it's Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, heirs, next of kin or assigns for any and all claims and causes of action of loss of or damage to my property and for any and all illness or injury to my person that may results from or occur during my participation in the activity whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees or representatives or otherwise. I further agree to hold harmless The Ohio State University, its Trustees, boards, officers, employees or representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act of omission while participating in the above-described activity.

Applicant Signature: _____

Date: _____

FOR OSU VCS VISTING PROGRAM COORDINATOR USE ONLY

Rotation(s) Approved: _____

Rotation Dates: _____

Total Fees Due: _____

I, _____, acknowledge that the above-named visitor is prohibited from engaging in any hands-on activities and should only function in an observational capacity. I acknowledge that failure to comply with these guidelines will be considered a violation of University policy and could result in disciplinary action.

Signature and Approval of the Sponsor or Section Head: _____

Signature and Approval of the Department Chair: _____