COLLEGE OF VETERINARY MEDICINE

Visiting Clerkship & Scholar Program Request & Release

To Be Used Only in Veterinary Preventive Medicine

SECTION I: VISITOR INFORMATION

Last Name ____________________ First Name ____________________ Middle Initial ______

Contact Address ____

City ____________________ State ________ Country ____________________ Zip Code ________

Educational Institution/Employer ____________________ E-mail Address ____________________

DaytimePhone Number
(include area and country code, if applicable) ____

Are you a U.S. Citizen? ☐ Yes ☐ No *If no, list Citizenship/Visa Status:* ____________________

Please check the appropriate box ☐ Veterinary Student ☐ Practitioner/DVM ☐ Faculty ☐ Intern ☐ Resident ☐ Technician ☐ Other

Name(s) of faculty in the Department of Veterinary Preventive Medicine you have contacted concerning your proposed visit, if applicable:

____

Reason for Visit:

Dates of Visit Preferences (MM/DD/YY)

1st Choice - Start Date ____________ End Date of Visit: ____________

2nd Choice - Start Date ____________ End Date of Visit: ____________

3rd Choice - Start Date ____________ End Date of Visit: ____________

Clerkships Requested *(If more than one, please rank in order of preference. Clerkships are a minimum of one week each.)*

Department of Veterinary Preventive Medicine

☐ Epidemiology

☐ Food Animal Health Research Program (Wooster)

☐ OSU Large Animal Services (Marysville)

☐ University Laboratory Animal Resources

☐ Veterinary Extension

☐ Veterinary Public Health

☐ VPM Food Animal Services

☐ OTHER: ____________________

Release of Liability/Statement of Confidentiality

The above information is accurate and correct to the best of my knowledge. I understand that as a visitor, the College of Veterinary Medicine and The Ohio State University including its faculty, staff, students, agents, and representatives, are not responsible for illness or injuries encountered during my visit period, nor for payment to physicians, specialists, emergency rooms, or urgent care centers resulting there from. I understand that I may be exposed to various zoonotic illnesses and animal inflicted injuries. I understand that the only way to receive paid employment is to apply through the Office of Human Resources for The Ohio State University and/or the College of Veterinary Medicine. In addition, I have read and understand that as a visitor, I am responsible for following university policies and procedures as outlined on the University's policy website at http://www.osu.edu/policies/ and that failure to abide by university policy may result in suspension or termination of my visit. I will consider as confidential all information that I may gain in my visitor position, directly or indirectly, concerning clients, patients, veterinarians, staff, employees, volunteers, visitor, research data, and/or other protected information. I understand that I may be held personally liable for and that my visitor service will be terminated as a result of any breach of confidentiality. **You will be notified via e-mail (provided on this form) when visit is approved. All applicable fees must be paid prior to visit.**

Visitor Signature ________________________________ Date: ____________

SECTION II: TO BE COMPLETED BY THE DEPARTMENT

With whom will the visitor spend the majority of their time? ______________________________

Primary Contact Person for Visitor: ______________________________

Fees (if applicable)

Visa Processing Fee: ($100)	◯ Yes	◯ No	
Standard Fee ($400/week)	◯ Yes	◯ No	Special Fee/Week $______________
Clinical Rotation Fee ($750/week)	◯ Yes	◯ No	
Fee Waiver	◯ Yes	◯ No	

Fee Waiver Justifiction:

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SECTION III: APPROVALS/SIGNATURES

◯ Disapproved ◯ Approved Approved Visit Dates (Start and End Dates) [ ]

Sponsor/Host Signature: ______________________________ Date: __________

Program Area Faculty Signature:
(if applicable) ______________________________ Date: __________

Program Area Leader Signature:
(if applicable) ______________________________ Date: __________

Department Chair Signature: ______________________________ Date: __________