

May 28, 2011

TO: _____ (Enter name of
veterinary medical practice or organization that is agreeing to host student.)

FROM: Christopher W. Olsen, ^{CWO} Associate Dean for Academic Affairs, School of Veterinary Medicine
Darrell Bazzell, Vice Chancellor, University of Wisconsin-Madison ^{DB}

RE: Agreement To Host A University of Wisconsin-Madison School of Veterinary
Medicine (SVM) Student During Clinical Training Experience

Thank you for agreeing to host _____, (name of student) a UW-Madison veterinary medical student who will be receiving supervised veterinary medical or other relevant medical training and experience at your facility. Training opportunities such as the one you are offering expose students to educational opportunities relevant to veterinary medicine that they do not experience at the university and enable students to gain practical field experience. Please review the details below. Your signature in the space provided on page two signals your agreement with all of the points covered. If you have any questions about this agreement, please contact Associate Dean Christopher W. Olsen at the School of Veterinary Medicine: (608) 263-2525 or olsenc@svm.vetmed.wisc.edu.

1. The student named above will be present at your facility from _____ (date) to _____.
2. The school will authorize only those students who have met SVM requirements to come to your facility. This includes being in good academic standing and having faculty approval for the planned training experience.
3. The SVM very strongly recommends that students be vaccinated against rabies, that they have a tetanus booster vaccination every ten years, and that they carry health insurance. Your facility may choose to request evidence from students that they have followed this advice.
4. Your facility will provide a supervised experience which you have pre-arranged with the student. Students are responsible for having their proposed experience reviewed by two SVM faculty members before it begins. Any proposed changes once the planned experience has been approved require re-approval by school representatives. It is the student's responsibility to arrange this review.
5. You will be responsible for providing the student a complete orientation to your facility covering policies, procedures, standards, and practices, including attendance requirements, dress code and confidentiality of medical records, as applicable.
6. You will be responsible for establishing a daily schedule for students during the time period stated above. Except for true emergencies, students shall not be granted leaves of absence while scheduled to be at your facility. Students must contact the school's Office of Academic Affairs before any changes in the approved training dates are proposed.
7. Neither the university nor your facility shall compensate students for their activities during their training experience, except that the facility may choose to reimburse students for expenses related to their participation in the experience.
8. At the end of the training experience, your facility is required to provide the SVM an evaluation of the student's performance, using a form provided by the SVM.
9. In all cases, your facility retains ultimate responsibility for the care of its patients and clients.
10. Your facility may immediately suspend the training experience of any student whose performance or conduct is unsatisfactory, adversely affects the safety or welfare of patients or interferes with the development of professional relationships with personnel or clients of your facility. If this situation arises, please consult Associate Dean Olsen immediately to discuss how to address your concerns with the student and how to resolve the matter.

School of Veterinary Medicine • Office of the Dean

2015 Linden Drive • Madison WI 53706

608/263-6716 • FAX: 608/265-6748

<http://www.vetmed.wisc.edu>

Advancing Animal and Human Health With Science and Compassion®

11. The university and your facility shall not discriminate with respect to race, color, sex, creed, national origin, disability, age, public assistance status, marital status, sexual orientation, and religion in their on-going practices.
12. The university and your facility shall make reasonable accommodations to provide accessibility for students with disabilities. If a student requests an accommodation in his or her assignment to your facility, the university will encourage the student to disclose directly to you information in support of the request.
13. The university, as a unit within an agency of the State of Wisconsin, provides liability coverage for its students and faculty consistent with section 895.46(1) of the Wisconsin Statutes. The university's students and faculty who participate in the activities detailed in this memo are agents and employees, respectively, of the State of Wisconsin. While participating in such activities, students and faculty are acting within the scope of their agency or employment. The liability coverage provided by the State of Wisconsin under Section 895.46(1) is self-funded and continuous. Such liability coverage includes, but is not limited to claims, demands, losses, costs, damages and expenses of every kind and description (including death), or damage to persons or property arising out of student activities at your facility and founded upon the negligent acts or omissions of the students while they are acting within the scope of their agency and where protection is afforded by §895.46(1) of the Wisconsin Statutes.
14. While the student named above is engaged in this training experience at your facility, the Board of Regents of the University of Wisconsin System agrees to hold harmless the facility from any and all liability that is based on the acts or omissions of the University's officers, employees, or agents while acting within the scope of their employment or agency consistent with sections 895.46(1) and 893.82 of the Wisconsin Statutes.
15. You must immediately contact Associate Dean Olsen, or the Vice Chancellor for Legal and Executive Affairs, University of Wisconsin-Madison, 361 Bascom Hall, 500 Lincoln Drive, Madison, Wisconsin 53706-1380, if you have any reason to believe a claim may exist against an officer, employee, or agent of the University in connection with your facility's involvement with this training experience. Notification is for informational purposes only and does not eliminate the requirement that any aggrieved party must follow Wisconsin's statutory claim procedure, found in section 893.82 of the Wisconsin Statutes, prior to instituting a lawsuit against the university or any of its officers, employees or agents.
16. The university's personnel, faculty, and students are not eligible for coverage under your facility's Workers' Compensation or Unemployment Compensation insurance programs. The university shall provide Workers' Compensation or Unemployment Compensation coverage, if any is required by Wisconsin law. This paragraph does not extend Workers' Compensation or Unemployment Compensation coverage beyond the specific requirements of Wisconsin law, if any.
17. This agreement embodies the entire understanding between the University and the facility hosting the UW-Madison veterinary medical student named above with regard to training that student will receive at the facility during the specified period of time.

 Signature of authorized representative of
 veterinary medical practice or organization
 hosting UW-Madison SVM student trainee.

 Date

Print Name: _____

Address: _____

Phone Number: _____

**AFTER SIGNING THIS AGREEMENT, PLEASE RETURN IT TO THE UNIVERSITY OF WISCONSIN-MADISON
 SCHOOL OF VETERINARY MEDICINE IN THE ATTACHED ENVELOPE**