

VT229 Sophomore Clinical Externship

**Site Sign-Up and Goals Form - 2018**

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**(All completed Sign-up Forms must be turned in to Dr. Bassert NO LATER than Thursday, February 8, 2018 at 4:30pm.)**

**A. Semester Selection:**

In which semester will you be completing your externship?

- a. \_\_\_\_\_ Summer 2018
- b. \_\_\_\_\_ Fall 2018

**B. Anticipated Scheduling Conflict:**

\_\_\_\_\_ I do NOT anticipate a scheduling conflict or complication during my externship.

\_\_\_\_\_ I DO anticipate a scheduling complication. See below for a description.

If you anticipate having to attend a personal event, such as a wedding or other family obligation, that might interfere with the externship semester you selected above, please list the dates and details of this complication. Also, please explain why you cannot complete the externship during the semester in which there is no complication.

Description and dates of anticipated scheduling conflict: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Site Selection:**

**Core Site #1:** Please list below your first, second and third choices for your **core site**. The Core site may be completed in the first or second rotation depending upon availability.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_ Check here if you have submitted an application for a competitive Core Site #1 (such as Cornell University Teaching Hospital or Virginia Tech's Marion DuPont Equine Center) and you are awaiting word regarding your possible acceptance. If you have been accepted, please enter the name of the site on line #1 above.

**Core Site #2 or Elective Site:** Please list below your first, second and third choice for your second Core Site.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ Check here if you have submitted an application for a competitive Core Site #2 (such as Cornell University or Virginia Tech's Marion DuPont Equine Center) and you are awaiting word regarding your possible acceptance. If you have been accepted, please enter the name of the site on line #1 above.

**Elective Site (Optional):**

If you would like to complete your second site at an elective site of your choosing and not at a second Core Site, please list below the name, address, phone number and e-mail address of your proposed elective site. (All elective sites must be approved by Dr. Bassert).

Pending approval, I would like to complete one rotation at the following elective site instead of at a second Core Site:

Name of Practice: \_\_\_\_\_

Mailing Address of Practice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone number of contact person: \_\_\_\_\_

E-mail address of contact person: \_\_\_\_\_

**D. Communication with sites:**

Students may NOT communicate directly with Core sites until they have been assigned by Dr. Bassert. Assignments will be distributed in writing approximately 3 weeks after the sign-up deadline.

**E. Student Goals Form:**

Be sure to attach a typed list of your goals for externships **to this completed form**. It is very important that you keep a copy of your goals for yourself. Externship site supervisors expect to receive a copy of your typed goals at the externship interview.

**Manor College**  
**Program of Veterinary Technology**  
**VT229 Student Goals for Externships**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a copy of this form to your sign-up sheet.**  
**Keep a copy for your records and a copy to present at each of your site interviews.**

**Instructions:**

In addition to the Task Check List, students will want to complete specific goals during their externship that is unique to their interests, level of experience and abilities. In preparation for your externship interviews, consider what you want to accomplish during your externship. Please complete the following form, listing at least 3 of your goals. Some of your goals may be listed on the Task Check list, while others may not. Be as specific as possible. **Type your answers and make four copies of the completed form: one for each of your 2 site supervisors, one for Dr. Bassert and one for your own records.**

**1. Overall, what I most want from my externship experience is.....:**

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**2. A perfect clinical instructor for me would have the following qualities and characteristics:**

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**3. At the completion of my clinical externship, I want to be proficient in the following specific clinical tasks:**

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**4. At the completion of my clinical externship, I want to have gained experience in, but not necessarily proficiency in, the following areas:**

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**5. At the completion of my clinical externship, I want to have had the opportunity to observe the following:**

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