

PRECEPTORSHIP PRACTICE EVALUATION

This form is to be filled out by the **STUDENT/PRECEPTEE** and mailed directly to the Board office at 301 Main Street, Suite 1050, Baton Rouge, LA 70801. Completion of this form is a requirement of the program.

Please print

PRACTICE NAME: _____

Practice Address: _____
street city state zip

Phone: (____) _____ Supervising Veterinarian: _____

	Excellent	Good	Average	Fair	Poor	N/A
Hospital cleanliness and appearance						
Surgical areas						
Treatment areas						
Receiving areas						
Patient wards						
General business management						
Bookkeeping systems						
Billing systems						
Collection of accounts						
Office support personnel						
Other support personnel						
Veterinary technicians						
General surgical practice						
Modern surgical techniques						
Aseptic surgical practices						
Surgical equipment						
Post-operative care						
General medical practice						
Drug inventory						
Drug variety						
Medical record keeping						
Medication equipment						
General diagnostic practices						
Diagnostic equipment						
Clinical pathology equipment						
Necropsy equipment						
Cleaning and care of all equipment						

	Excellent	Good	Average	Fair	Poor	NA
Instruction given in: practice management						
diagnostic techniques						
pharmacology						
preventative medicine						
radiology						
clinical pathology						
surgery						
Congeniality of practitioner						
Congeniality of support personnel						
Your satisfaction with work assignments						

Type of practice: Equine ____% Bovine ____% Swine ____% Other Large Animal _____%
 Canine ____% Feline ____% Other Small Animal _____%

Specialization of the practice _____ Number of cases treated by practice (weekly average) _____

Does practice engage in the dispensing of drugs? Yes No

Does practice have:

	NO	YES	TYPE	Is it used effectively?
Intensive Care Equipment				
Gas Anesthesia Equipment				
Radiology Equipment				

If practice has radiology equipment, please answer the following questions:

Power of machine: _____

Average number of radiographs per week: small animal _____; large animal _____

Number of glove pairs? _____ Aprons? _____

If there are other comments you wish to make, or if you feel that inadequate or no instruction was given for any items above, or if you do not feel this practice should be recommended for future preceptorships, please explain below or attach an additional sheet with a narrative outlining your comments.

Signed: _____
 Student/Preceptee

Date: _____

PRINT name: _____ Social Security No.: _____