

LOUISIANA BOARD OF VETERINARY MEDICINE
Preceptorship – Permanent Job Description Submittal Form

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

PRACTICE PHONE: (_____) _____

List all basic information and procedures you plan to cover with your preceptee. ALL areas listed are required by our program. Approvals are contingent in part on this information.

This form can be completed electronically, saved, then emailed to the LBVM office at admin@lsbvm.org or mailed with the Preceptorship Assessment Questionnaire to: LBVM, 5825 Florida Blvd, Baton Rouge, LA 70806

ADMINISTRATIVE EXPERIENCES

MANAGEMENT	
FINANCIAL ACTIVITIES	
PERSONNEL SUPERVISION	
CLIENT RELATIONS	

MEDICINE/SURGERY

Indicate activities preceptee will be involved in and describe briefly any special circumstances, equipment or restrictions which will apply. The preceptee must be allowed hands on experience in these areas, (if available).

PRE-OP PATIENT PREPARATION	
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ANESTHESIA	
SURGERIES	
POST-OP PATIENT CARE	
CLINICAL LABORATORY & DIAGNOSTIC PROCEDURES	
PREVENTATIVE MEDICINE PROCEDURES	
GROSS NECROPSY	
RADIATION SAFETY (USE OF GLOVES, APRON, BADGE, ETC.)	
OTHER (Describe any special activities not listed above)	

Printed Name of Owner or Supervising Veterinarian: _____

Signature of Owner or Supervising Veterinarian: _____ Date: _____