



FORM FOR THE REQUEST FOR ASSESSMENT OF SUITABILITY OF THE FACILITIES APPLYING FOR THE CLINICAL ORIENTATION AGREEMENT

The undersigned Dr. (surname, name, number and registration register) carries out his/her professional activity in the sector:

Table with 3 columns: Animal Category, Full Time, Partial Time. Rows include Companion Animals, Equine, Bovine, Sheep and Goats, Suine, Domestic Birds, Esotic and Non Conventional Animals.

As
o Freelance resident in (municipality and province).....
website (if available).....
Other social media platform (specify).....
o Medical director/partner of the named facility..... m^2
located in (municipality and province)
Street.....
website (if available).....
Other social media platform (specify).....

requests that his/her structure/activity will be evaluated for the purposes of carrying out CLINICAL ORIENTATION (https://corsi.unipr.it/it/cdlm-mv/tirocini), concerning the scientific-disciplinary sectors VET/08 (medical clinic), VET/09 (surgical clinic) and VET/10 (obstetric clinic), aimed at training students in Veterinary Medicine for a total number ofstudents/year.

The duration of the orientation is established in days.



Aware of the responsibility deriving from false declarations, I declare that the aforementioned structure has the following requirements (for freelancers only fill in points 2, 3, 4, 5, 6, 7):

1. GENERAL SERVICES

Days and times of opening
 Number of examination rooms
 Number of operating rooms
 Number of rooms used exclusively for diagnostics
 Presence of space for hospitalization or hospitalization (also day hospital) yes no
 Staff dedicated exclusively to diagnostics yes no
 H24 service yes no
 Medical emergency service yes no

2. PRESENT COLLABORATORS AND ANY SPECIALIZATIONS (indicate for each collaborator, even occasional, the relevant sector or specialization or role)

	NUMBER	SECTOR or SPECIALIZATION or DUTIES
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
NOT GRADUATE		
NOT GRADUATE		

3. FREQUENCY OF CASES OF THE SPECIES SUBJECT OF THE ACTIVITY

SPECIES	HIGH	AVERAGE	OCCASIONALLY
COMPANION ANIMALS			
- Dog			
- Cat			
EQUINE			
BOVINE			
SHEEP AND GOATS			
SUINE			
DOMESTIC BIRDS			
ESOTIC AND NON CONVENTIONAL ANIMALS (specify)			
-			



-			
-			

4. SURGICAL ACTIVITY

SURGICAL	HIGH	AVERAGE	OCCASIONALLY
THORACIC			
ABDOMINAL			
OBSTETRICS			
OPHTHALMIC			
DENTAL			
ORTHOPEDICS			
NEUROSURGERY			
OTHER (SPECIFY) -.....			

5. DIAGNOSTIC AND LABORATORY SERVICES

	YES	NO
HEMATOLOGY		
CLINIC BIOCHEMISTRY		
CYTOLOGY		
HISTOLOGY		
ULTRASOUND		
CARDIOLOGY		
ENDOSCOPY		
RADIOLOGY		
CT		
MRI		
OTHER (SPECIFY) -.....		

Available equipment (tick the equipment present in the facility or available to the freelancer and indicate the number):

<input type="checkbox"/> Laparoscope n.	<input type="checkbox"/> Electrosurgical unit n.	<input type="checkbox"/> Neurosurgery microscope n.
<input type="checkbox"/> Endoscope n.	<input type="checkbox"/> Autoclave n.	<input type="checkbox"/> Ligasure n.
<input type="checkbox"/> Instrumentation for clinical biochemistry n.	<input type="checkbox"/> Gas Anesthesia Machine n.	<input type="checkbox"/> Syringe pump n.
<input type="checkbox"/> Microscope n.	<input type="checkbox"/> Fan n.	<input type="checkbox"/> Infusion pump n.



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MEDICO-VETERINARIE

<input type="checkbox"/> Hematology instrumentation n.	<input type="checkbox"/> Multiparametric monitor for anesthesia n.	<input type="checkbox"/> Laser therapy instruments n.
<input type="checkbox"/> Ultrasound n.	<input type="checkbox"/> Digital radiological n.	<input type="checkbox"/> Non-digital radiological n.
<input type="checkbox"/> CPAP devices n.	<input type="checkbox"/> CT n.	<input type="checkbox"/> MRI n.
<input type="checkbox"/> Altro (specificare).....		

6. EDUCATIONAL MATERIAL AVAILABLE TO THE STUDENT

	YES	NO
BOOKS		
JOURNALS		
AUDIOVISUAL MEDIA		
PRESENCE OF SPACES FOR CONSULTATION		
ALTRO (specificare) -.....		

7. SCIENTIFIC PUBLICATION/EDUCATIONAL AND UPDATE ACTIVITIES OF THE APPLICANT

	YES	NO
PUBLICATIONS IN SECTOR		
PARTECIPATION IN CONFERENCES/CONGRESSES/SPECIALIST SEMINARS AS SPEAKERS		
MEMBERSHIP OF SCIENTIFIC SOCIETIES/STUDY GROUPS		

At the end of the orientation period, I undertake to provide an opinion on the performance of the student(s).

For information write to didvet@unipr.it

The data provided will be processed solely for institutional purposes of the University of Parma (Code regarding the protection of personal data - Legislative Decree 30/6/2003, N. 196 and subsequent amendments and European Regulation on data protection personal, n. 679/2016). The complete information can be consulted at www.unipr.it under Privacy.

Location and date _____

Faithfully (signature)
