UNIVERSITÀ DI PARMA

DIPARTIMENTO DI SCIENZE MEDICO-VETERINARIE

FORM FOR REQUESTING THE ASSESSMENT OF SUITABILITY OF FACILITIES APPLYING FOR AN AGREEMENT FOR CLINICAL ORIENTATION

The undersigned Dr. (surname, name, registration number) ..... carries out professional activity in the following sector:

	FULL TIME	PART TIME
COMPANION ANIMALS		
EQUINE		
BOVINE		
SHEEP-GOATS		
SWINE		
DOMESTIC POULTRY		
EXOTIC AND NON-CONVENTIONAL ANIMALS		

In the capacity of:

○ Freelance veterinarian residing in (municipality and province)..... Website (if available) ..... Other social networks (please specify).....

○ Medical Director / partner of the facility named .....surface area:..... (square meters), located in (city and province).....
address.....
Website (if available) .....
Other social networks (please specify).....

Requests that his/her facility/activity be evaluated for the purpose of conducting CLINICAL ORIENTATION (https://corsi.unipr.it/it/cdlm-mv/tirocini),regarding the following scientific-disciplinary sectors:
VET/08 (veterinary medical clinic)
VET/09 (veterinary surgical clinic)
VET/10 (veterinary obstetrical clinic)

aimed at training veterinary medicine students, for a total number of
..... students per year.
The duration of the orientation period is established as ……

Aware of the responsibility arising from false statements, the undersigned declares that the above-mentioned facility meets the following requirements (freelance veterinarians should complete only points 2, 3, 4, 5, 6, 7):

1. **GENERAL SERVICE**

Opening and closing days and hours: .....
Number of examination rooms: .....
Number of surgical rooms: .....
Number of rooms exclusively dedicated to diagnostics: .....

Availability of hospitalization or inpatient space (including day hospital) o sì o no
Staff exclusively dedicated to diagnostics o sì o no
24-hour service o sì o no
Emergency/on-call veterinary service o sì o no

2. **STAFF MEMBERS AND POSSIBLE SPECIALIZATIONS (Indicate for each collaborator, including occasional collaborators, the relevant sector, specialization or duties)**

	Number	**SECTOR / SPECIALIZATION / DUTIES**
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
GRADUATE		
NON GRADUATE		
NON GRADUATE		

3. FREQUENCY OF CASES OF THE SPECIES TREATED

SPECIES	HIGH	MEDIUM	OCCASIONAL
COMPANION ANIMALS			
- Dog			
- Cat			
EQUINE			
BOVINE			
SHEEP-GOAT			
SWINE			
DOMESTIC POULTRY			
EXOTIC AND NON-CONVENTIONAL ANIMALS (specify)			
-			
-			
-			

4. SURGICAL ACTIVITY

SURGERY	HIGH	MEDIUM	OCCASIONAL
TORACIC			
ABDOMINAL			
OBSTETRIC			

OPHTHALMIC			
DENTAL			
ORTHOPEDIC			
NEUROSURGICAL			
OTHER (please specify) - ……..			

5. DIAGNOSTIC AND LABORATORY SERVICES

	YES	**NO**
HEMATOLOGY		
CLINICAL BIOCHEMISTRY		
CYTOLOGY		
HISTOLOGY		
ULTRASOUND		
CARDIOLOGY		
ENDOSCOPY		
RADIOLOGY		
CT		
MRI		
OTHER (please specify)		

Available equipment (check the instruments present in the facility or available to the freelance veterinarian and indicate their number):

○ Laparoscope n.	○ Electrosurgical unit n.	○ Neurosurgical microscope n.
○ Endoscope n.	○ Autoclave n.	○ Ligasure n.
○ Clinical biochemistry analyzer n.	○ Gas anesthesia machine n.	○ Syringe pump n..
○ Microscope n.	○ Ventilator n.	○ Infusion pump n..
○ Hematology analyzer n.	○ Multiparametric anesthesia monitor n.	○ Laser therapy equipment n.
○ Ultrasound machine n.	○ Digital radiography system n.	○ Non-digital radiography system n.
○ CPAP devices n.	○ CT scanner n.	o MRI scanner n.
○ Other (please specify)……		

6. EDUCATIONAL MATERIAL AVAILABLE TO STUDENTS

	YES	NO
TEXTBOOKS		
JOURNALS		
AUDIOVISUAL MATERIAL		
DEDICATED STUDY/CONSULTATION SPACE		
OTHER (please specify) ……..		

7. EDUCATIONAL / SCIENTIFIC DISSEMINATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES OF THE APPLICANT

	YES	NO
PUBLICATIONS IN PROFESSIONAL JOURNALS		
PARTICIPATION IN CONGRESSES / CONFERENCES / SPECIALIST SEMINARS AS SPEAKER		
MEMBERSHIP IN SCIENTIFIC SOCIETIES / STUDY GROUPS		

Before the beginning of the activities, I undertake to consult the training material prepared by the Department of Veterinary Medical Sciences at the following link:

https://drive.google.com/drive/folders/1DNR_E1Shp60alzrP1hzxyePp2MWyQ55O?usp=drive_link

At the end of the orientation period, I undertake to provide an evaluation of the student's / students' performance.

For information write to:
didvet@unipr.it

The data provided will be processed exclusively for the institutional purposes of the University of Parma (Italian Data Protection Code – Legislative Decree 30/6/2003 No. 196 and subsequent amendments, and EU Regulation 679/2016 on the protection of personal data).

The full privacy notice can be consulted at www.unipr.it
under the Privacy section.

Place and date_____

Signature

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