

# COLLEGE OF VETERINARIANS OF ONTARIO

## SUPERVISION UNDERTAKING

To be completed by the Veterinarian and returned to the CVO Registrar.

I agree and undertake to assume the role of Supervisor for \_\_\_\_\_  
\_\_\_\_\_ (name of individual; please print),  
who is attending \_\_\_\_\_ (name of practice) as a  
Veterinary "Apprentice" to gain clinical experience in preparation for the CPE from  
\_\_\_\_\_ to \_\_\_\_\_ (dates).

I practice in the following setting where the "Apprentice" will be supervised:  
\_\_\_\_\_ (type of practice).

The above-named "Apprentice" has provided me with proof of his/her passing of the NAVLE  
and of his/her application for taking the CPE.  (required)

- I agree to supervise the practice of this "Apprentice". I understand that I am required to be onsite at all times when the "Apprentice" is engaged in professional activities, and that the supervision must be such that it allows me to be assured that the "Apprentice" can safely and competently carry out his or her clinical responsibilities.
- I understand that I am expected to directly<sup>1</sup> supervise the "Apprentice". In addition I will use such activities as case reviews, chart audits, discussions with colleagues, and meetings with the "Apprentice" to carry out this supervision.
- I agree to ensure that the "Apprentice" describes himself or herself only as a Veterinary "Apprentice" and to monitor his/her use of the term.
- I agree to ensure that clients dealing with the "Apprentice" sign a consent form that includes an acknowledgement that the "Apprentice" will perform services under my direct supervision.
- I agree to immediately notify the Registrar in writing should he/she perform any act of professional misconduct or serious neglect, or if the "Apprentice" appears to be impaired, and to notify the Registrar immediately. I will also consider whether, in the circumstances, I should terminate my arrangements with the "Apprentice".
- I will also immediately notify the Registrar in writing if I am unable to fulfill my responsibility as Supervisor of the "Apprentice".
- I agree to provide follow up information to the College of any concerns about the "Apprentice" identified by me or by the College.
- I understand that this is a formal agreement and undertaking between myself and the College of Veterinarians of Ontario.

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_  
Print name \_\_\_\_\_

Signature of "Apprentice" \_\_\_\_\_ Date: \_\_\_\_\_  
Print name \_\_\_\_\_

**FAX this form to the CVO at 519-824-6497 or 888-662-9479**

<sup>1</sup> Direct Supervision occurs where the Supervisor is on the same premises as the "Apprentice" but not necessarily within sight or hearing.