

**COLLEGE OF VETERINARIANS OF ONTARIO UNDERTAKING
STUDENT PLACEMENT from an Accredited (non-OVC) DVM Program**

To be completed and returned to the CVO Registrar before commencement of any practice by the Student Learner

Name of Practice: _____

Name of STUDENT LEARNER Veterinarian working under supervision: _____

I, _____ am a holder of a licence who agrees and undertakes to assume the role of Primary Supervisor for the above-named STUDENT LEARNER who is attending the Practice. I agree to provide supervision from: _____ (mm/dd/yy) to _____ (mm/dd/yy).

I have verified that the STUDENT LEARNER is enrolled in a DVM program at an accredited institution. Further,

- I have reviewed the [Supervision of Non-OVC AVMA-COE Accredited Veterinary Students Policy Statement](#) and understand my responsibilities under this policy.
- I understand that I am the Primary Supervisor and responsible for providing supervision of the STUDENT LEARNER, for coordinating and delegating supervisory responsibilities, acting as a key contact for the College and for the completion of any documents required by the College.
- I understand that I am expected to provide supervision to the STUDENT LEARNER that is **direct** (where I am on the same premises as the STUDENT LEARNER) **or immediate**¹ (I am within sight or hearing of the STUDENT LEARNER). I understand that I or my delegate are required to be on the same premises as the STUDENT LEARNER and onsite at all times when the STUDENT LEARNER is engaged in professional activities while under supervision.
- I understand that I must provide supervision such that I am assured that the supervisee can safely and competently carry out their clinical responsibilities.
- I also understand that I bear the primary responsibility for STUDENT LEARNER's actions and that I am accountable for the supervision that I provide to them and must ensure that such supervision is appropriate at all times commensurate with the risk involved in the activity being carried out by the supervisee.
- I agree to ensure that the STUDENT LEARNER describes themselves only as a Veterinary STUDENT LEARNER working under supervision, and to monitor their use of the term.

¹ **Direct Supervision:** the supervising veterinarian is on the same premises as the STUDENT LEARNER and, although not present to see and hear the STUDENT LEARNER, is accessible to the supervisee in a timely and appropriate manner.

Immediate Supervision: the supervising veterinarian is on the same premises as the STUDENT LEARNER and can see and hear the STUDENT LEARNER when the STUDENT LEARNER is engaged in professional activities.

- I agree to ensure that clients are aware that some services may be provided by a STUDENT LEARNER as per the CVO’s “Informed Owner Consent” Guidelines, and that for all surgical cases the consent form will identify the STUDENT LEARNER who will be performing the surgery.
- I agree to immediately notify the Registrar in writing if any of the following situations occur:
 - a. I believe that the STUDENT LEARNER has performed any act of professional misconduct or serious neglect
 - b. I believe that the STUDENT LEARNER is impaired
 - c. I believe the STUDENT LEARNER’s practice may expose patients or clients to risk of harm or injury
 - d. I believe the STUDENT LEARNER is practising below standard
 - e. I am unable to continue in the role, or unable to fulfill obligations on a timely or temporary basis, e.g., due to illness, vacation, personal emergency, etc.
- I will also immediately notify the Registrar in writing if I am unable to fulfill my responsibility as supervisor, wish to terminate the agreement or if there has been a finding against me or penalty imposed on me by a CVO Committee.
- I understand the Registrar must approve this agreement before commencement of any practice by the STUDENT LEARNER and the Registrar reserves the right to terminate the arrangement.
- I declare that there is no conflict of interest (real or perceived), such as personal relationships (e.g., employment, family, dating, business, friendship, etc.) that may interfere with my supervision or objective evaluation of the STUDENT LEARNER.
- I understand that this is a formal agreement and undertaking between me and the College of Veterinarians of Ontario.

Signature of Supervisor _____ Date: _____

Signature of STUDENT _____ Date: _____

For office use only:

Registrar decision: <input type="checkbox"/> approve <input type="checkbox"/> deny	Notes: Date: _____
--	-----------------------------------