

College of Veterinary Medicine & Biomedical Sciences

International Visitor Scheduling Form

Limit of Visit - 6 weeks

(May and June are not available for scheduling groups in the clinics)

Form must be submitted a minimum of
3 Months Prior to Visit (*6 mo. preferred*)

Routing:

Faculty prepares visitor form then routes to:

1. CVM International Program Director, Linda Logan (LLogan@cvm.tamu.edu)
Then faculty member personally takes the form to Large & Small Animal DHs:
2. **LACS Department Head- Allen Roussel** (will assist with finding clinical faculty sponsor)
 - Clinical Faculty Sponsor
3. **SACS Department Head- Jonathon Levine** (will assist with finding clinical faculty sponsor)
 - Clinical Faculty Sponsor
4. **Necropsy Rotation – Cheryl Chamblee** (will assist with scheduling)
5. **Diagnostic Rotations- Gwen Levine** (will assist with scheduling)
6. Sponsoring Faculty within Clinic (as assigned by LACS & SACS Dept. Heads)
7. Hold Harmless Agreement and Emergency Contact Forms to HR-VMTH@cvm.tamu.edu
8. Final Form with ALL Signatures AND copy of visitor's schedule to:
 - Terri Balanga (LACS), tbalanga@cvm.tamu.edu 845-9160
 - Elaine Lippard (SACS), elippard@cvm.tamu.edu 845-0341
 - Cheryl Chamblee (Necropsy), cchamblee@cvm.tamu.edu 845-4655
 - Gwen Levine (Diagnostics), glevine@cvm.tamu.edu 862-1939
 - Cindy Voelker (VTPB), cvoelker@cvm.tamu.edu 845-3365
 - VMTH HR HR-VMTH@cvm.tamu.edu 862-1320

Procedure and Routing for CVM Faculty Members

to Bring International Students into the Clinics and Necropsy

1. A CVM faculty member (i.e. **the sponsoring faculty member**) who wants to bring international students to the CVM clinics or the CVM necropsy rotation must first meet with the **Director of International Programs, Dr Linda Logan**. The Director of International Programs will review the *International Visitor Scheduling Form* with the sponsoring faculty member and sign the form to start the process
2. The sponsoring faculty member must present his/her request to the **VSCS Department Head, VLCS Department Head, the Necropsy Laboratory Coordinator, currently Ms. Cheryl Chamblee and the Diagnostics Rotation Coordinator, Dr. Gwen Levine**, at least 3 months and preferable 6 months in advance.
3. Both the VSCS and VLCS Department Heads will sign the *International Visitor Scheduling Form* and appoint a clinical faculty host (usually a member of the IPAC) who will work with the sponsoring faculty member to try to find rotations and senior clinicians willing to accept the students. The Necropsy Laboratory Coordinator and the Diagnostics Rotation Coordinator will try to find rotations for the students on the necropsy and diagnostics rotation. **The following stipulations apply:**
 - a. *There is a limit of 2 international students per rotation at a time*
 - b. *International students are observers only and cannot have hands-on contact with client animals.*
 - c. *Opportunities will be filled on a first-come-first-served basis.*
4. The **Departmental Curriculum Coordinators, currently Ms. Elaine Lippard (VSCS) and Ms. Terri Balanga (VLCS)**, will maintain a master calendar in the respective clinics. The VSCS and VLCS faculty hosts will check this calendar before obtaining approval for an international visitor **in order to:**
 - a. *Verify that there is physical room on the rotation*
 - b. *Verify that the senior clinician is willing to accept the student*
5. The completed form **must have all signatures, all rotations with approved dates, and assigned senior clinicians' names on it.** Once the form is completed, it must be routed as shown on the form. There **must be 1 form for each student** coming.
6. **Two weeks before the students start rotations**, the sponsoring faculty member needs to confirm with the clinical faculty host, the senior clinicians, Ms. Elaine Lippard, Ms. Terri Balanga, Ms. Cheryl Chamblee and Dr. Gwen Levine, the date the students will be arriving and reaffirm the schedules.
7. The **"Emergency Contact Form"** and the **"Waiver of Liability and Hold Harmless Agreement"** must be filled out once the student arrives and forward the scanned copy to to: HR-VMTH@cvm.tamu.edu
8. The sponsoring faculty member must always be available to address any problems that may arise while his/her international students are in the clinics.

Visitor Name	Home Institution	Country	E-Mail
Arrival Date	Departure Date	Cell Phone	

Faculty Sponsor Name	Department	E-Mail
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I have issued an invitation to the person named above. By signing this form, I accept responsibility for this visitor and for compliance with all appropriate Federal/State/A&M System/VMTH regulations and policies. In addition, I recognize that this visitor's access to the VMTH may be limited if his/her presence interferes with the Hospital teaching or patient care missions.

Signature	Date	Cell Phone
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International Program Director	Signature	Date	Cell Phone
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Signature & Date:
Large Animal Clinical Sciences Dept. Head

Signature & Date:
Small Animal Clinical Sciences Dept. Head

1st Faculty Host Name	Date Scheduled	Area Scheduled
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I have agreed to personally supervise this visitor during his/her time in the SA/LA teaching hospital and have made appropriate arrangements for this visitor to be supervised by other faculty members during their visit. [Limit two visitors/faculty host at any one time]

Signature	Date	E-Mail	Cell Phone
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2nd Faculty Host Name	Date Scheduled	Area Scheduled
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I have agreed to personally supervise this visitor during his/her time in the SA/LA teaching hospital and have made appropriate arrangements for this visitor to be supervised by other faculty members during their visit. [Limit two visitors/faculty host at any one time]

Signature	Date	E-Mail	Cell Phone
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Visiting International Student Schedule -- To be filled out by Clinical Sponsoring Faculty

Student Name	Sponsoring Faculty	SACS Host Faculty	LACS Host Faculty
Rotation Date	Clinical Rotation		Host Clinician
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Rotation Date	Clinical Rotation		Host Clinician
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Rotation Date	Clinical Rotation		Host Clinician
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Rotation Date	Clinical Rotation		Host Clinician
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Please have Visitor read the **WAIVER OF LIABILITY FORM** and fill out the **Emergency Contact Form**,
Sign,
Witness
and forward with original signatures to **Andrea Howard, VMTH**

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate as a shadow or intern/volunteer, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Texas A&M University, The Texas A&M University System, The Texas A&M University Board of Regents, the State of Texas their officers, servants, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that certain risk of harm are or may be inherent in the various activities contemplated herein and that the activity may be hazardous to me and my property. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise.

3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the **RELEASEES** from any loss, liability, damage or costs, including court cost and attorney's fees, that they may incur due to my participation in said activity, **WHETHER CAUSED BY OR CONTRIBUTED TO IN WHOLE OR PART** by any action or failure to act, negligence, breach of contract, or other misconduct on the part of **RELEASEES** or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the aboved named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I **ACKNOWLEDGE AND REPRESENT** THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release For full, adequate, and complete consideration fully intending to be bound by same.

Date

Printed Name of Visitor

Signature of Visitor

Date

Signature of Witness

Title

EMERGENCY CONTACT FORM

Visiting Scholars

College of Veterinary Medicine & Biomedical Sciences
Texas A&M University

Date

Name

Physical Address

City

State

Country

Zip

Local Phone

Cell Phone

In Case of Emergency, Please Contact:

Name

Relationship

Work Phone

Cell Phone

Home Phone

Address

City

State

Zip

Please provide a copy of your passport photo page or your driver's license, as appropriate

This Information Is To Be Filed In the Visiting Scholar's Record and Used for Emergency Only.

Patient Confidentiality

Policy Statement:

It is the policy of the Texas A&M Veterinary Medical Teaching Hospital (VMTH), consistent with its respect for patient and client confidentiality, that **PERSONAL photographs, recordings, and other images of client-owned, teaching, or research animals are prohibited.**

With appropriately documented client consent, photographs, video recordings, and other images may be taken by authorized staff for the purposes of teaching, research, professional programs, publications and/or College of Veterinary Medicine and Biomedical Science (CVM) or VMTH public relations.

Statement of Purpose:

To respect the confidentiality of patient information in accordance with State of Texas Administrative Codes and protect the reputation of Texas A&M University, the CVM, and the VMTH, personal photographs, video recordings, and other images of VMTH patients are prohibited.

General Information:

It is VMTH policy to prohibit personal photographs or video recordings of client-owned, teaching, or research animals. It is the responsibility of all CVM and VMTH faculty, staff, and students to ensure the privacy of patients. Clients may agree to casual photographs, but what may seem interesting to veterinary professionals and veterinary students, may appear inappropriate to others. In no case are personal photographs or video recordings to be made of animals admitted to or housed in the VMTH. Personal photographs and other images of client-owned, wildlife, research or teaching animals may not be used on personal Facebook pages or other social media. When in doubt, consult Hospital Administration.

All information within the medical record is considered confidential, as are any interactions that you have with the patient and client. Do not place yourself or the hospital at risk of breaching the expected standards of client confidentiality.

Failure to adhere to this or any VMTH, CVM, or TAMU policy may result in disciplinary action up to and including termination.

Employee Signature

Date

Employee Name (Printed)

Supervisor Signature

Date

****If you have any questions regarding this policy, please contact [VMTH HR at HR-VMTH@cvm.tamu.edu](mailto:HR-VMTH@cvm.tamu.edu)**