

**St. Petersburg College**  
**VETERINARY TECHNOLOGY PROGRAM**  
**Affiliation Agreement Instructions**

- The Affiliation Agreement (AA) is a contract between your animal hospital, clinic, shelter, or emergency clinic where you will be working/volunteering and the Veterinary Technology Program at St. Petersburg College.
- The Affiliation Agreement requires a signature by the person with the authority to sign (blue ink is to be used) a contract for the animal hospital, clinic, shelter or emergency clinic.
- For example: owner of the clinic; DVM; office manager; or CVT in charge.
- Whether your AA is with a clinic, hospital, shelter, or emergency facility will be determined by which course(s) you are enrolled in at the time.
- In some cases, you might have more than one AA on file with the Veterinary Technology Program because of the different requirements in each course.
- You must scan the original signed AA document and submit to the designated drop box located in the Veterinary Technology Clinical Documents commons (VNCDc) no later than the end of the 2nd week of classes.
- Any hours worked or skills initialed before the signed AA is submitted to the drop box will not count toward your total completed hours or completion of specific skills for the semester.
- Your original, signed Affiliation Agreement is due in the Veterinary Technology office, within 5 business days of submission to the drop box.
- Faxed or emailed copies are not accepted.
- If you start a new clinic during the semester, a new AA must be submitted to the drop box and the original AA mailed in or hand delivered immediately.
- The AA is good for one year from the date signed by your clinic.
- Please keep a copy of your AA for future reference and possible submission.
- The student must discuss their rabies vaccination status with their mentor and provide them with the attached sign to display.
- Students who have not received the pre-exposure rabies vaccine cannot work with animals that have not been vaccinated or have an unknown rabies vaccine history.
- Do not make changes to this document. Please contact Debbie Raines, Clinical Coordinator with any questions - 727 302 7828

Students must return the last 4 pages of the signed original AA by mail or hand deliver to:

St. Petersburg College  
Veterinary Nursing Program  
Attention: Clinic Coordinator  
12376 Ulmerton Road  
Largo, FL 33774



VETERINARY NURSING PROGRAM

This veterinary facility has been approved as a clinical teaching site for students enrolled in the Veterinary Technology Program at St. Petersburg College.

St. Petersburg College  
VETERINARY TECHNOLOGY PROGRAM

Student's Full Name: \_\_\_\_\_

Student's ID #: \_\_\_\_\_

**AGREEMENT**

THIS AGREEMENT, made and entered into by and between the BOARD OF TRUSTEES OF ST. PETERSBURG COLLEGE, Post Office Box 13489, St. Petersburg, Florida, 33733, hereinafter referred to as the College", and \_\_\_\_\_ hereinafter referred to as the "Agency", (*print name above of—veterinary hospital/clinic/shelter*)

WITNESSETH

WHEREAS, the College offers an approved program of study in the field of Veterinary Technology, and

WHEREAS, the College desires that its students obtain the necessary clinical and hands-on experience with the Agency necessary to meet the requirements of the Veterinary Technology Program, and

WHEREAS, the Agency desires to cooperate with the College in implementing the above-stated objective,

NOW, THEREFORE, in consideration of the premises and mutual promises contained in this Agreement, the Agency and the College, by their duly constituted and authorized officers, agree as follows:

THAT the students enrolled in the above-named program may use the various departments of the Agency for laboratory practice and/or clinical experience. The number of students and the specific dates when the students of the College will be utilizing the various departmental facilities of the Agency will be established and agreed upon by both parties in advance of the specific session. Learning experiences in the departments will be selected by the faculty and the days and hours planned by the faculty of the College in cooperation with the Agency.

THAT neither the College nor the Agency will discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. The College and the Agency

recognize that sexual harassment constitutes discrimination on the basis of sex and neither party will tolerate such conduct.

THAT the Agency can require the College to withdraw a student from its facilities whose conduct or work with clients or personnel is not, in the opinion of the administration of said Agency, in accordance with acceptable standards of performance.

THAT the Agency agrees on behalf of itself, its employees, agents and contractors to at all times comply with FERPA, Section 1002.21 and 1002.22, Fla. Stat. and The Board of Trustees St. Petersburg College Rule 6Hx23-4.37 and all other applicable laws governing student privacy and student personal information. The Agency's intentional disclosure of such information outside the scope of any waiver or consent or other violation of such rules and regulations shall constitute a breach under this Agreement, entitling the College to terminate this Agreement. The Agency will consult with a supervisory employee of the College if there is any doubt or question about the authority to release information.

THAT this Agreement is subject to the Public Records Law of the State of Florida, Chapter 119, Florida Statutes. In the event the Agency refuses to allow public access to any applicable documents, papers, letters and other materials made and received by the Agency in conjunction with this Agreement which are not otherwise exempt from Section 24(a) of Article I of the Florida Constitution and Chapter 119, Florida Statutes, the College may unilaterally terminate this Agreement without further liability.

THE RESPONSIBILITIES OF THE COLLEGE ARE:

1. To use the proper Agency channels to make plans for observation and practical experience.
2. To comply with current policies and procedures of the Agency relating to the clinical experience.
3. To provide the instruction, supervision, guidance, and evaluation required by the program or Agency.
4. The College through the Florida College System Risk Management Consortium (FCSRMC) shall obtain and maintain occurrence-type professional liability insurance coverage in amounts not less than \$2,000,000 per incident and \$5,000,000 annual aggregate covering the students and any faculty members for instruction/supervision of students only. The College shall provide a certificate of insurance to the Agency evidencing such insurance coverage if required by the Agency. Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

5. The College shall maintain student accident insurance for participating students providing coverage for accidental medical expenses, accidental dismemberment, and accidental death.
6. To orient Agency personnel to the goals and objectives of the learning experiences.
7. The College's students shall not be required to perform any employee-type duties, except as the same are reasonably related to the clinical learning experience provided by this Agreement.

**THE RESPONSIBILITIES OF THE AGENCY ARE:**

1. To provide opportunities for observation and practice experience in the selected programs of the Agency.
2. To assist in the orientation of students to the physical facilities, policies and procedures of the Agency, as required.
3. To have ultimate responsibility for the care and treatment of the patient.
4. To maintain written policies on safety as regulated by the Occupational Safety and Health Administration and inform students of these policies.

**THIS AGREEMENT** shall become effective upon the date of signature of both parties and shall be automatically renewed from year to year unless either party requests a change or termination thereof.

**THIS AGREEMENT** may be terminated at any time upon the giving of written notice by either party to the other party thirty (30) days prior to the date of termination, **PROVIDED, HOWEVER,** such termination shall not become effective as to students already enrolled and participating in the program until they shall have had an opportunity to complete the program at the Agency to meet the course of study requirements for graduation.

**ANY NOTICE** required or permitted to be given under this agreement shall be sufficient if in writing and sent by certified mail, return receipt requested, to either of the parties. Notice shall be effective upon compliance with this section.

**THIS AGREEMENT** and all transactions governed by this Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Florida without regard to principles of conflicts of laws. In the event of any legal or equitable action arising under this

Agreement, the parties agree that the jurisdiction and venue of such action shall lie exclusively within the courts of record of the State of Florida located in Pinellas County, Florida, or the District Court of the United States, Middle District of Florida, sitting in Hillsborough County, and the parties specifically waive any other jurisdiction and venue.

THE UNDERSIGNEDS have the authority to enter into this agreement and to bind their respective institutions.

IN WITNESS WHEREOF, the parties have executed this agreement on the dates hereinafter stated:

NAME of Vet Hospital/Shelter/Clinic: \_\_\_\_\_

BOARD OF TRUSTEES OF  
ST. PETERSBURG COLLEGE

Signature: \_\_\_\_\_

Signature: Cynthia Grey

Print Name: \_\_\_\_\_

Name: Dr. Cynthia Grey

Title: \_\_\_\_\_

Associate Dean -College of Veterinary Technology

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address of Hospital/Shelter/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number for Hospital /Shelter/Clinic \_\_\_\_\_

Fax Number for Hospital/Shelter/Clinic \_\_\_\_\_

Email Address for Hospital/Shelter/Clinic \_\_\_\_\_

Student Name (Last, First) \_\_\_\_\_ ID# \_\_\_\_\_

Please return the signed original Affiliation Agreement by mail or in person to:

St. Petersburg College Veterinary Technology  
Program Attention: Clinical Coordinator  
12376 Ulmerton Road  
Largo, FL 33774