

Oklahoma State University
Center for Veterinary Health Sciences
Department of Veterinary Clinical Sciences

PAVE Clinical Year Program
Senior Student Program

Purpose: The Pave Program is offered to foreign DVM graduates to allow them to enhance their technical and clinical skills and to gain additional hands-on clinical experience under the supervision and direction of licensed DVM faculty.

- Requirements:**
- a) Doctor of Veterinary Medicine degree or the equivalent degree, and have successfully completed all the PAVE requirements and be fluent in English (conversation and medical English). **Do not apply until you have passed your PAVE Qualifying Exam.**
 - b) Applicants must meet PAVE qualifications and requirements before submitting the application. The applicant must provide copies (no original documents) of official documentation (accompanied by accurate English translation when in language other than English) of the following:
 - c) A notarized copy of their transcript and a notarized copy of their veterinary diploma from the university granting the veterinary degree.
 - d) A letter from PAVE verifying enrollment, completion of English requirements, and passing the PAVE Qualifying Exam, verifying your qualification to begin your clinical year.
 - e) **Three letters of recommendation from veterinarians familiar with your veterinary knowledge and skills.** **If you have not been employed but have been volunteering in a practice, a letter from a veterinarian in this practice may be substituted. **Do not include your recommendation letters with your application.** Recommendation letters should be mailed directly to Oklahoma State University.
 - f) Medical insurance coverage (must have). **Please provide proof of medical insurance coverage.**
 - g) A personal interview by the selection committee may be required. The Committee usually conducts a telephone interview.

Application Fee: **Submit \$75 non-refundable U.S. currency with your application.**

- Application Process:**
- 1) Submit your application and all requested paperwork. All items requested **must be** received before your application will be considered.
 - 2) Because of limited space, selection will be competitive and based on the following criteria:
 - a. Academic records from veterinary college, graduate work (if any), and PAVE scores.

- b. Reference letters supporting your clinical knowledge, technical skills, and veterinary experience.
 - c. Ability to communicate in English.
 - d. Those selected for an interview will be interviewed by telephone. The Committee may request the candidate to present themselves to be interviewed on the Oklahoma State University campus at the applicant's expense.
- 3) It is the responsibility of the applicant to notify PAVE once he/she is accepted into the program at Oklahoma State University.

Mail or email all correspondence to:

**Oklahoma State University
Center for Veterinary Health Sciences
Department of Veterinary Clinical Sciences
Academic Center
2115 W Farm Road
Stillwater, OK 74078-2041**

**Phone: (405) 744-8468
Email: vcsdept@okstate.edu**

Program Fee: 54 weeks includes 3 weeks of orientation and 3 weeks of vacation. Actual program length is 48 weeks.

Fee: \$38,500 (approximately \$802/week for 48 weeks) U.S. currency (54-weeks includes 3 weeks orientation and 3 weeks vacation). Students will be billed in two half payments. The first payment (less the \$500 non-refundable deposit fee) of \$19,000 will be due within 30 days from the time of billing. The second payment of \$19,000 will be billed beginning the 25th week of your clinical rotations. Payment in full will be due within 30 days from the time of billing. Additional rotations outside the original program (repeat rotations) will be billed at the weekly tuition rate to your Bursar account. In addition, you will be responsible for any Visa fees (SEVIS Fees). Unless you are a permanent resident or have a Green Card, or hold an H-4, J-1, or J-2 Visa, you must hold an F1 Visa to begin the program.

Refund: If a student withdraws or is dismissed before completing 3 rotations, a refund will be made less any completed rotations and the \$500 non-refundable deposit. No refund will be given after completing 3 rotations.

Prior to beginning your program, you will be required to sign a contract between you and the Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences acknowledging your program fees and other requirements.

Accepted candidates should plan for living expenses of approximately \$16,000. If the candidate's family accompanies them, they should plan for an additional \$6,000 for spouse and \$4,000 for each child. Accepted applicants may anticipate as much as \$500 for the purchase of necessary clothing and small hand

instruments (i.e. stethoscope, bandage scissors, thermometers, hemostats, etc.) required for clinics.

Clinical Program:

Sponsored by the Department of Veterinary Clinical Sciences, Center for Veterinary Health Sciences, Oklahoma State University, Stillwater, Oklahoma

Pursuant to the need for foreign graduates to obtain an approved one-year clinical experience, Oklahoma State University’s Center for Veterinary Health Sciences offers the PAVE Program to provide clinical evaluations consistent with guidelines outlined in PAVE.

A grade report will be filed in the Departmental office at the completion of each rotation. A comprehensive grade report is filed with PAVE at the completion of the 48-week program. A certificate is awarded from Oklahoma State University, Center for Veterinary Health Sciences.

Each rotation is three weeks long.

# Weeks	Clinic Rotation
3	Orientation (one week in each of the first three rotations including a surgery techniques review)
3	Anesthesia
3	Diagnostics
12	Electives (4)
3	Equine Medicine
3	Equine Surgery
3	Food Animal Medicine
3	Intensive Critical Care
6	Preceptorship
3	Radiology
3	Small Animal General Medicine
3	Small Animal Major Medicine
3	Small Animal Surgery
2	Clinical Conference

Responsibilities:

The student agrees to accept and perform the same duties required of a senior veterinary student assigned in the clinical service sections of the Boren Veterinary Medical Teaching Hospital. This includes after-hours night and weekend duties.

Clinical activities will be the same as expected of a senior veterinary student at Oklahoma State University. Clinic rotations may not be scheduled in the order listed above. Starting dates for entry are based on space availability.

The student is expected to meet all the requirements for each rotation as outlined in the rotation syllabus and grade sheet. The student must earn a “C” grade or better to successfully complete the rotation. A student must repeat the rotation in which they received a “D” or “F” grade. A student receiving a second “D” or “F” grade in the same rotation will be dismissed from the program.

Oklahoma State University
Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences

RESPONSIBILITIES OF THE PAVE STUDENT

- 1) The student will provide their own thermometers, stethoscopes, hoof picks, bandage scissors, coveralls, rubber boots, smocks, and surgical scrub suits. If the student is accepted, a list of items to be purchased will be provided.
- 2) The student will work under the supervision of faculty/house officers at all times. Students will not independently diagnose or treat animals in their care. The student will be under the supervision of the attending clinician and will assist with the examination, diagnosis, and treatment of patients including care of emergency and intensive care patients.
- 3) The student will report to the assigned clinical station at the required time each morning of the week and weekend unless requested to report earlier by the faculty member in charge. The student will be on after-hours duty, nights, weekends, and holidays as assigned for the rotation. Students are released at the end of the clinic day by the faculty member in charge. Students are expected to work in the clinic a minimum of 40 hours/week and a maximum of 70 hours/week, including night and holiday hours.
- 4) The student may be terminated from the program by voluntary withdrawal or by the VCS Department Head if it is the professional judgment of the supervising veterinarian(s) that the demonstrated knowledge and/or skills of the candidate are unsatisfactory. The student may also be terminated from the program for disruptive or unprofessional conduct.
- 5) The student is subject to the policies, rules, and regulations of the Board of Regents governing Oklahoma State University and the Center for Veterinary Health Sciences, the ordinances of the City of Stillwater, and the laws of the State of Oklahoma and the United States of America.
- 6) Students are responsible for their own healthcare, including injuries they may receive during their duties at the Veterinary Teaching Hospital and other related activities.

Criteria of Performance:

- 1) The student will demonstrate entry-level competence in handling cases in all of the common species of both large and small animals. The acceptable level of competence will be that of a current OSU 4th year student.
- 2) The student will demonstrate competence in communicating with clients in the English language and written medical records.
- 3) The student will demonstrate competence in administrative duties to such a degree that is expected of a current 4th year student.
- 4) The student is expected to meet all the requirements for each rotation as outlined in the rotation syllabus and grade sheet. The student must earn a “C” grade or better to

successfully complete the rotation. A student must repeat the rotation in which they received a “D” or “F” grade. Failure to attain a “C” or better in a repeated rotation or students receiving a second “D” or “F” in another rotation may be dismissed from the program.

Technical Standards

The Pave Program at the Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences provides the student with a wide variety of educational experiences including broad clinical training. The diversity and scope of these experiences require that the individual have the physical faculties to acquire various skills to function in a safe and productive manner. The technical standards set forth in this document are based on bodily senses and functions that are required of the individual in order to obtain the knowledge and skills necessary to matriculate in the program and to function in a manner that insures the safety of the individual, cohorts, clients, and animals.

The technical standards listed are the minimal standards that allow an individual to perform at the lowest acceptable level in the required activity. Students must be able to satisfy, with or without reasonable accommodation, the following technical standards that relate to physical abilities.

I) Physical Senses

- A. Vision – Vision and visual acuity are an integral part of the veterinary curriculum. The assessment of abnormal from normal animal form and function, from the cellular level to the whole animal, is determined in large part by the ability of the student to resolve objects both grossly and through a microscope, to detect motion, to discriminate between shades of black and white, and/or to resolve and evaluate depth and contours.

Applications (inclusive of but not restricted to) – Detection of lameness in animals, visual detection of tissue swelling, visual determination of anatomic sites in surgery and pathology, reading of radiographs, microscopic determination of presence of microorganisms, use of otoscope, ophthalmoscope, and endoscopic equipment, determination of markings and print on syringes, gauges, and drug vials, and evaluation of aggressive and potentially dangerous behavior in confined animals.

Test

1. Must be able to resolve objects 1 μm x 0.5 μm using a light microscope at 1000x.
 2. Must be able to resolve objects 1 mm or more in diameter by gross examination.
 3. Must be able to observe movement of an object from reading distance to 15-20 meters.
 4. Must be able to distinguish elevations as small as 0.5 cm on an object.
 5. Must be able to resolve black and white bands as small as 0.5 mm in width on a radiograph.
- B. Hearing – Hearing and ability to identify and determine the origin of natural or amplified human and/or animal sounds are an integral part of the entire curriculum at the OSU-CVHS. Hearing is necessary to assess certain animal body functions and/or systems including the heart, respiratory system, and the gastrointestinal tract. The ability to hear and communicate with cohorts and clients in situations where one is

unable to see the face or lips of individuals is necessary to function in team situations and to insure the safety of oneself and others in confined situations.

Applications (inclusive of but not limited to) – Communication in surgery room with all occupants wearing a surgical mask. Detection of heart, intestinal, and pulmonary sounds via a stethoscope. Communication with clients and clinicians over the telephone. Perception of danger and communication to others in handling potentially dangerous animals.

Test

1. Must be able to hear normal conversation between two individuals wearing surgical masks.
2. Must be able to distinguish two heart sounds on a normal animal using a stethoscope.
3. Must be able to discern a loud voice at a distance of at least 5 meters without visual contact.
4. Must be able to hear normal voice over the telephone.

- C. Touching and Proprioception – Touch and proprioception are necessary senses that are used throughout the veterinary curriculum. The ability to detect differences in temperature, consistency, size, and location are necessary as part of the normal and required activities in most hands-on teaching exercises. Additionally, these abilities are necessary to insure the safety of the individual and others in most laboratory and clinical situations throughout the one year program.

Applications (inclusive of but not limited to) – Detection of inflamed tissues. Palpation of normal and abnormal tissues. Determination of pulse. Determination of nonvisual anatomic sites during surgery or other invasive procedures. Use of flames and heated instruments in laboratory settings.

Test

1. Be able to detect differences in surface temperature of 10°C in a temperature range of 5-40°C by the use of fingers or hands.
2. Be able to differentiate four degrees of firmness in a balloon inflated with air to ¼, ½, ¾, and full capacity.
3. Be able to differentiate, with arm extended and vision blocked, four round objects having diameters of 0.5, 1.0, 1.5, and 2.0 cm.

II. Physical Functions:

- A. Speech – The ability to speak and be understood by others is an integral part of the curriculum of OSU-CVHS. Throughout the program, the student is required to interact in an oral mode with professors, fellow students, and clients by presentation of information, cases, and inquiries. The individual must be able to speak and understand English and be understood by others who cannot see the facial expression or lips of the individual. Individuals are required to interact in a variety of situations where the only means of communication would be orally and where rapid communication is sometimes necessary.

Applications (inclusive of but not limited to) – Communication in a surgery room where all individuals are wearing masks and hands contain instruments or are

otherwise engaged. Communication with clients and clinicians over the telephone. Communication with other personnel in moving and handling animals.

Test

1. Be able to communicate over the telephone.
2. Be able to communicate with individuals without visual contact at a distance of between one meter and five meters.

- B. Coordinated Movement – Throughout the program, the individual is required to hold and manipulate various instruments, equipment, and devices that must be used to perform specific predetermined physical tasks. The ability to accomplish these tasks by being able to correctly hold and manipulate the instrument or device is paramount in acquiring the needed technical capacity to perform some functions. Additionally, an individual must be able to move their body in such a manner as to prevent and avoid physical harm to themselves, others, and animal patients when working with and restraining animals.

Applications – (inclusive of but not restricted to) – Holding and manipulating surgical instruments. Holding, manipulating and/or adjusting a variety of instruments including microscopes, anesthetic machines, needles and syringes, radiography equipment, ophthalmoscopes, and endoscopic equipment. Moving from or avoiding danger while handling potentially dangerous animals in a confined situation.

Test

1. Be able to attach a needle to a 5 cc syringe, fill the syringe with liquid from a vial and inoculate an object with the contents of the syringes.
2. Be able to pass a surgical needle through animal tissue and tie a knot using needle holder and forceps.
3. Be able to move to a distance of 3 meters or more over an irregular surface with three seconds of signal to do so.

- C. Physical Stamina – Throughout parts of the curriculum, the individual is required to physically move, adjust, and/or manipulate various animate and inanimate objects sometimes under a variety of physical and climatic conditions.

Applications – (inclusive of but not limited to) Placing an animal on an elevated treatment or surgery table. Physical restraint of large and small animals. Relocation of cattle, horses, and/or other large animals from transport vehicles to pens, from pasture to pens, and/or from trucks to holding pens.

Test

1. Be able to lift a minimum of 25 kilograms to a height of 1 meter and transport it a distance of at least three meters.

- D. Allergies and/or Fear – Contact with various chemicals, pharmaceuticals, and biologics are a necessary part of the educational process. Sustained contact with a variety of animals and the environment in which they are housed and treated are a necessary part of the educational experiences. The student is required to handle and manipulate the following animals: cats, dogs, birds, cattle, horses, swine, and sheep. During such contact, the individual must be able to carry out routine medical care on such animals.

Implementation of Technical Standards

These technical standards shall be imposed by the Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences on all students following a conditional offer of acceptance into the program. A copy of the technical standards shall be included with each offer with a statement of compliance to be signed and returned in conjunction with the required program deposit fee (\$500). Should a question of competency be present, the conditional matriculant will be asked to demonstrate the questioned ability in the presence of no less than two faculty members and the Department Head.

Oklahoma State University
Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences
PAVE Application Checklist

It is necessary to fill out this checklist to provide both our office and yourself with an accurate record of your application. The complete checklist is part of the application and must be submitted with the application.

Name _____ Social Security # _____

Current Fee: \$38,500 (48 weeks)

ITEM	COMPLETED/REQUESTED
•Submit \$75 Application Fee	_____
•Completed PAVE Application.	_____
•Copy of current Visa/passport	_____
•Completed I-20 (with financial support documentation)	_____
•Copy of Social Security Card (if you have one)	_____
•Proof of medical insurance	_____
•Rabies Vaccination Verification - If not vaccinated, can obtain rabies vaccination when you arrive for a cost of \$600+.	_____
•Immunizations Information (return with application)	_____
• <u>Hand-written</u> statement describing what you expect from this program and your future professional goals (please write clearly). <u>DO NOT TYPE, statement must be hand-written.</u>	_____
•Transcript of grades/marks from Veterinary School or a certified transcript (a notarized copy of the original in your possession will be acceptable).	_____
•Certified English translation of ALL your transcripts	_____
•Explanation of the point grading system	_____
•A notarized copy of your veterinary diploma.	_____
•Three letters of reference (in English) from veterinarians familiar with your veterinary knowledge and clinical skills. **If you have not been employed but have been volunteering in a practice, a letter from a veterinarian in this practice may be substituted. <u>Do not include your recommendation letters with your application. Recommendation letters should be mailed directly to Oklahoma State University.</u>	_____
•	_____
•A letter from PAVE verifying enrollment and PAVE status. Must have passed the PAVE Qualifying Exam.	_____
•PAVE, NAVLE, NBT or CCT (Clinical Competency Test) taken and passed (provide copy of exam results). () Yes () No	_____
•Copy of your English Exam Scores: TSE, TOEFL, TWE	_____
•Curriculum Vitae _____ or Resume _____ (Please check which one is enclosed)	_____

**APPLICATION FOR THE CLINICAL PROGRAM FOR GRADUATES OF FOREIGN
VETERINARY SCHOOLS
(PAVE)**

Sponsored by the Department of Veterinary Clinical Sciences
Center for Veterinary Health Sciences, Oklahoma State University, Stillwater, Oklahoma
THIS FORM MUST BE TYPEWRITTEN OR PRINTED IN PEN

Name: _____

Today's Date _____

Social Security # _____

(provide copy with application)

Fee: \$38,000 (48 weeks)

Voluntary Information:

Gender: Male Female

Date of Birth _____

(This information is necessary to create your email computer accounts and university ID card if accepted into the program.)

Email Address _____

Present Address _____

Permanent Address _____

Phone # _____

Permanent Phone # _____

Current Visa Status:

Are you a permanent Resident? __ Yes __ No Please provide a copy.

Do you have a Green Card? __ Yes __ No Please provide a copy.

Are you currently in the United States on a Visa? __ Yes __ No

If yes, what type of Visa: _____ Please provide a copy of your current I-20.

- 1) **To participate in the program, you must hold an F-1 Visa (only if you are not a permanent resident, have a Green Card or are a US citizen).**
- 2) **Complete the I-20 form and provide the required information.**
- 3) **Do not arrive at OSU to begin your program until you have obtained the F-1 Visa.**

Nearest Relative's Name & Address _____

Nearest Relative's Phone # _____

Pre-Veterinary Medical Education

College	Dates Attended	Degree	Major
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Veterinary College(s) Attended _____

Graduation Date _____ Class Rank _____ GPA _____

Point Grading System _____

Academic Honors _____

Extracurricular Activities (hobbies, interests) _____

Publication, Research, or Other Pertinent Experience _____

PREVIOUS EMPLOYMENT

Employer	Address	Supervisor	Dates
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Please detail on a separate attachment your job duties, your technical skills, and practice experience in relation to veterinary medicine.

1. The student may be terminated from the program by the Veterinary Clinical Sciences Department Head of Oklahoma State University if it is the professional judgment of the supervising veterinarian(s) that the demonstrated knowledge and/or skill of the candidate are unsatisfactory.
2. The student may be terminated from the program for disruptive or unprofessional conduct.
3. The student is subject to the policies, rules, and regulations of the Board of Regents governing Oklahoma State University and the Center for Veterinary Health Sciences, the ordinances of the City of Stillwater, and the laws of the State of Oklahoma and the United States of America.

I hereby certify that the information provided for this application is true and correct. I understand that if any part is found to be untrue, I will be immediately removed from the PAVE program at Oklahoma State University.

_____ Signature	_____ Date
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Print Name

**Oklahoma State University
Center for Veterinary Health Sciences**

PAVE Agreement

I agree not to institute any action, suit, or claim, at law or in equity, against the Center for Veterinary Health Sciences or Oklahoma State University or its Board of Regents, officers, members, employees, agents, and representatives at any time after the date hereof arising out of or in connection with my inability to obtain a PAVE certificate or to comply with any of the requirements for obtaining such a certificate.

I further agree to save, hold harmless, and indemnify the Center for Veterinary Health Sciences, Oklahoma State University, from and against all attorneys' fees, costs, and other expenses incurred by (print your full name) _____
Type or Print Name

in connection with the enforcement of Oklahoma State University's rights under this sentence and under the preceding sentence.

Signature of candidate _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.
State of _____, County of _____

S E A L

Notary Public

Commission Expires

Commission #

Note: This form will be retained by Oklahoma State University, Center for Veterinary Health Sciences, Department of Veterinary Clinical Sciences

Please mail or email your application to:

**Oklahoma State University
Center for Veterinary Health Sciences
Department of Veterinary Clinical Sciences
Academic Center
2115 W Farm Road
Stillwater, OK 74078-2041**

**Phone: (405) 744-8468
Email: vcsdept@okstate.edu**

I-20 Request Form for Center for Veterinary Health Sciences

Please attach a copy of passport biographical page to this form.

Name: _____
(Family) (Given) (Middle)

Foreign Address: _____

(City) State ZIP (Province/Territory) (Country) (Code)

Citizenship Social Security Number (if you have one)

Gender: Male Female _____
Date of Birth

Program Requested: Veterinary Certificate (Pave/54 weeks)
 Duration of Program: ____/____/____ to ____/____/____
MM DD YY MM DD YY

Tuition & Fees: **Pave \$38,500 (48 weeks)**

Books/Supplies: **(\$800)**

Personal Expenses: **(\$10,000)** (food, travel, miscellaneous)

Rent **(\$800/month) X** _____ **month(s) for a total of \$** _____

Medical Insurance **(\$600-\$800)** (price listed is for OSU student insurance. You may choose your own private insurance company)

*Spouse: **(\$7,000)** and _____ dependents @ \$4,000 for a total of \$ _____
 (*Please add an additional \$6,000 for spouse and \$4,000 per child to the financial verification)

Total Financial Need: \$ _____

IF FAMILY MEMBERS WILL ACCOMPANY STUDENT, LIST BELOW:

_____ <small>(Family)</small>	_____ <small>(Given)</small>	_____ <small>(Middle)</small>	_____ <small>MM / DD / YY</small>	_____ <small>Country of Birth</small>	_____ <small>Citizenship</small>	_____ <small>Relationship</small>
_____ <small>(Family)</small>	_____ <small>(Given)</small>	_____ <small>(Middle)</small>	_____ <small>MM / DD / YY</small>	_____ <small>Country of Birth</small>	_____ <small>Citizenship</small>	_____ <small>Relationship</small>
_____ <small>(Family)</small>	_____ <small>(Given)</small>	_____ <small>(Middle)</small>	_____ <small>MM / DD / YY</small>	_____ <small>Country of Birth</small>	_____ <small>Citizenship</small>	_____ <small>Relationship</small>
_____ <small>(Family)</small>	_____ <small>(Given)</small>	_____ <small>(Middle)</small>	_____ <small>MM / DD / YY</small>	_____ <small>Country of Birth</small>	_____ <small>Citizenship</small>	_____ <small>Relationship</small>
_____ <small>(Family)</small>	_____ <small>(Given)</small>	_____ <small>(Middle)</small>	_____ <small>MM / DD / YY</small>	_____ <small>Country of Birth</small>	_____ <small>Citizenship</small>	_____ <small>Relationship</small>

Please attach a financial statement showing proof of sponsorship (Guarantor)

Name of Sponsor (Guarantor): _____

I-20 Request Form for Center for Veterinary Health Sciences Department of Veterinary Clinical Sciences

United States Citizenship and Immigration Services (CIS) regulations require documentation that sufficient financial resources are available to meet a student's prospective educational and living expenses while in the US. Therefore, Oklahoma State University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (F-1) status. Applicants are required to submit financial documentation that equals or exceeds one full year of expenses for the program of study they are interested in pursuing. A Certificate of Eligibility (I-20) will not be issued until this information is provided.

Financial resources verification is required for all applicants, even if applicant is the holder of a Green Card of Permanent Resident.

I understand the expenses listed are average cost estimates. The actual costs may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums, and personal lifestyles. I guarantee that I will have sufficient funds available to meet the estimated educational expenses as listed for the length of time that I study at Oklahoma State University. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that the tuition is payable at the beginning of my program in full, or 1/2 of the tuition at the beginning and the other half at the beginning of the second half of the program. If you will be living in campus housing, room and board will be payable monthly.

These funds will be provided:

by my family
 from my own savings
 other (specify)

Signature of Applicant _____
Date

Guarantor's Certification – Unless you are supported by your own savings, immigration documents cannot be issued without the guarantor completing and signing this section.

Guarantor's Name: _____ Relationship to Applicant: _____
 (please print) Last Name Given or First

Guarantor's Country of Citizenship _____
 Is the Guarantor currently residing in the United States? Yes No
 If yes, is the Guarantor a U.S. citizen? Yes No
 If no, is the Guarantor a Permanent Resident Alien Yes No

If the Guarantor is residing in the U.S. and is not a U.S. citizen or Permanent Resident Alien, what is his/her current visa classification? _____

As the applicant's Guarantor, I understand the expenses listed are estimates of the average cost. The actual costs may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums, and personal life styles. I guarantee that I will provide _____ with sufficient funds to meet the actual expenses incurred, as estimated while the applicant is completing his/her program. I certify that if there are dependents that plan to accompany the applicant, I will provide the additional funds necessary to meet the needs of the applicant's dependents. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will provide adequate funds for the applicant's travel to and from the United States.

Mailing Address of Guarantor: _____

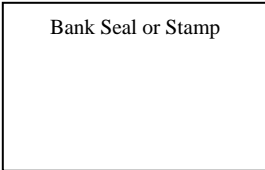
Signature of Guarantor _____
Date

Bank's Certification: If bank policies do not allow completion of this form, a separate bank letter or affidavit is an acceptable substitute. The letter should be on bank letterhead, signed by a bank official and specify the following: Name of account holder, date account was opened, current account balance or specific acknowledgement that account has a minimum balance to cover the student's estimated expenses and any additional dependents as listed, **monetary values should be converted to U.S. dollar.**

This is to certify that in our opinion, _____, the guarantor whose signature appears above has adequate funds to meet the expenses that will be incurred for the above named applicant and any dependents listed, as estimated on the reverse of this form. This certificate does not constitute a statement of liability on any part or on behalf of the bank incurred by the applicant named above.

Signature of Bank Official/Title _____
Date

Organization Name: _____
 Address: _____



A new Oklahoma law requires students to provide proof of immunization for measles, mumps, rubella and hepatitis B before they can enroll in any college or university. The law applies to all new freshmen, transfer students and graduate students, both full and part time, as well as **Students currently holding a visa from U.S. Immigration Service.**

Please complete and return the immunization form and provide a copy of your immunization history with your application. Acceptable documentation includes shot records from family physicians, the health department, high school, the military, or from other colleges or universities.

University Health Services

Official Notice: Immunization Requirements for Oklahoma State University Students

Beginning with the fall semester 2004, Oklahoma state law requires that all new students who attend Oklahoma colleges and universities for the first time provide proof of immunization for certain diseases. If you cannot verify your immunizations, you will need to be re-immunized. Medical, religious, and personal exemptions are allowed by law and such requests must be made in writing using the OSU Certificate of Exemption Form.

Acceptable documentation of immunizations includes any of the following:

Signature of a physician or nurse on immunization form, verifying the accuracy of submitted information.

Copies of shot records.

Copies of medical records.

Copies of school health records.

Copies of laboratory test results demonstrating immunity.

Immunizations Required by State Law

<u>Vaccination</u>	<u>Who must comply</u>	<u>Compliance Requirements</u>	<u>Compliance Date</u>
Meningitis*	All new students living in campus housing	Proof of vaccination or signed declination	At move in
Measles, Mumps, Rubella, TWO DOSES	All new students born after January 1, 1957	Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or, signed Certificate of Exemption	End of the fourth week of classes
Hepatitis B	All new students	Proof of completion of a Hep B series or signed Certificate of Exemption	Minimum of first 2 shots by 6th week of class; completion of series by 4th week of the student's second semester

*Specific information regarding immunization for meningitis:

Oklahoma Law requires that first time enrollees who reside in **on-campus student housing** be vaccinated against meningococcal disease **UNLESS**, 1) the individual signs a written waiver that he/she has reviewed the information provided by OSU regarding meningitis immunization and has chosen not to be immunized, or, 2) in the case of a minor, the individual's parent or guardian signs such written waiver.

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON FUTURE ENROLLMENT

All required immunizations are available at University Health Services.

Certain students are also required to comply with OSU requirements for tuberculosis testing.

Please mail or email this form with your application to:

**Oklahoma State University
Center for Veterinary Health Sciences
Veterinary Medical Teaching Hospital
1 BVMTH, Room 002G
Stillwater, OK 74078-2041**

Email: vcdept@okstate.edu

Information Regarding Tuberculosis Testing

All new students at OSU are required to comply with a Tuberculosis testing policy. This policy affects all students based on residency and health status. This policy requires all students who meet any of the criteria below to provide evidence of having been tested for Tuberculosis within the six months prior to coming to OSU, OR by the fourth week of classes.

Who Must Comply

- **Students currently holding a visa from U.S. Immigration Service**
- **A student who is a U.S. citizen currently or previously residing outside the U.S, students with a health/medical condition that suppresses the immune system**
- **Students with known exposure to someone with active tuberculosis disease**

If any of these apply to you, you will need to comply with the Tuberculosis testing requirement. For other students, this is a recommendation.

TO COMPLY:

Provide a medical record in English from a physician, clinic, or hospital indicating that you have been tested for Tuberculosis **or** provide documentation of a negative chest x-ray within the previous 6 months. These records must include the date of the test(s) and the results of the test(s).

The following procedure for the skin test must be used:

0.1 ml of Purified Protein Derivative, (Mantoux), solution intradermally to the inner forearm.

Results must be read within 48-72 hours of administration. **Documentation must include date given, date read and results in mm.** Please document zero mm if no reaction.

OR

Submit to a TB skin test at University Health Services during the first four weeks of the semester.

OR

Provide a medical record indicating successful treatment for TB disease.

Please note: Having received BCG vaccination does NOT exempt you from the testing requirement.

If you have had a positive skin test, a chest x-ray is required to show the absence of active disease.

Failure to comply may prevent enrollment for your next semester.

Rabies Recommendation

Rabies has been highly prevalent in certain wildlife species and occasionally occurs in domestic animals in Oklahoma. While the College makes every possible effort to minimize exposure, students may be exposed in the Diagnostic Laboratory when an adequate history is not available or in the clinical program prior to a definitive diagnosis. Therefore, the College requires that all students be vaccinated against rabies according to the current recommendations of public health officials or provide proof of recent completion of pre-exposure vaccination program or titer of greater than 1:5.

Extenuating circumstances such as pregnancy, immunodeficiency problems, or routine administration of prescribed drugs may create a medical reason to delay or bypass vaccination. Each request for delay or bypass will be evaluated by the Head, Department of Veterinary Clinical Sciences.

Immunization Recommendations

A new Oklahoma law requires Oklahoma State University students to provide proof of immunization for measles, mumps, rubella and hepatitis B before they can enroll in any college or university. The law applies to all new freshmen, transfer students and graduate students, both full and part time, as well as students currently holding a visa from U.S. Immigration Service. The Center for Veterinary Health Sciences strongly recommends that you be up-to-date on your immunizations for measles, mumps, rubella and hepatitis B before beginning your Pave Program. An immunization record and a Certificate of Exemption form are included with this application. Please return one or the other with your application.

Acceptable documentation includes shot records from family physicians, the health department, high school, the military, or from other colleges or universities.

Tuberculosis Testing

Tuberculosis testing is recommended for all applicants currently holding a visa from U.S. Immigration Service or if you are a U.S. citizen currently or previously residing outside the U.S. It is also recommended if you have a health/medical condition that suppresses the immune system or if you have had known exposure to someone with active tuberculosis disease. To comply, provide a medical record in English from a physician, clinic or hospital indicating that you were tested for Tuberculosis **or** provide documentation of a negative chest x-ray within the previous 6 months. These records must include the date of the test(s) and the results of the test(s).

The following procedure for the skin test must be used:

- 0.1 ml of Purified Protein Derivative, (Mantoux), solution intradermally to the inner forearm.
- Results must be read within 48-72 hours of administration.
- **Documentation must include date given, date read, and results in mm.**
Please document zero mm if no reaction.

or

Provide a medical record indicating successful treatment for TB disease.

NOTE: If you have had a positive skin test, a chest x-ray is required to show the absence of active disease.

Please mail rabies and immunization form(s) with your application to:

**Oklahoma State University
Center for Veterinary Health Sciences
Veterinary Medical Teaching Hospital
1 BVMTH, Room 002G
Stillwater, OK 74078-2041
Email: vcdept@okstate.edu**



Rabies Recommendation Form

I understand that Oklahoma is an endemic rabies state and that there are inherent health risks involved in my rotations at the Center for Veterinary Health Sciences (i.e. bites from cats, canine, and/or exposure to equine and other livestock, exotics, etc.), and that I will not hold Oklahoma State University, Center for Veterinary Health Sciences, the Department of Veterinary Clinical Sciences, or the Teaching Hospital; The Board of Regents, officials, administration, faculty, staff, employees, and students liable should I be bitten or exposed to a rabid animal.

I, _____ hereby **accept** the recommendation made by the Center for Veterinary Health Sciences to either obtain the rabies vaccinations before beginning my clinical year rotations at the Boren Veterinary Medicine Teaching Hospital, or provide proof of recent completion of pre-exposure vaccination program or titer of greater than 1:5.

I, _____ hereby decline the recommendation made by the Center for Veterinary Health Sciences to obtain the rabies vaccinations at or before beginning my clinical year rotations at the Boren Veterinary Medicine Teaching Hospital for the following reason(s):

I further understand that I am responsible for all personal and medical expenses related to rabies pre and post exposure treatment.

Signature of Student

Date

Signature of Department of Veterinary Clinical Sciences Administration

Date

Oklahoma State University Health Services

Immunization Record

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS
All information must be in English

Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine.

Vaccine **Enter date each immunization was given**

Measles <small>(Month, Day, Year)</small>	#1	#2	<ul style="list-style-type: none"> • Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957. • The first MMR must have been given no earlier than 4 day before the first birthday. The 2nd dose of measles, mumps and rubella vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose. • In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, rubella is acceptable. Attach written proof to the Certificate.
Mumps <small>(Month, Day, Year)</small>	#1	#2	
Rubella <small>(Month, Day, Year)</small>	#1	#2	

Hepatitis B <small>(Month, Day, Year)</small>	#1	#2	#3
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RECOMMENDED (Other) Immunizations

Hepatitis A <small>(Month, Day, Year)</small>	#1	#2	Polio OPV/IPV	#1	
Tetanus-Diphtheria <small>DTaP or DTP and booster with Td Required every 10 years</small>	#1	#2	#3	#4	(Td) booster
Meningococcal Quadrivalent polysaccharide vaccine	#1				

Tuberculosis Screening

1. PPD (Mantoux) within the past 6 months (tine or monovac not acceptable)
 Result : _____ (measured in mm of Induration). Please document 0 mm if no reaction
2. If PPD is positive (10mm or greater), chest X-ray required:
 X-ray result: Normal _____ Abnormal _____
3. If previously treated for TB, please submit copies of medical records indicating outcome of treatment.

Enter date test was given
(Month, Day, Year)

#1
#2

treatment &

If completed by physician

To the best of my knowledge, the person above has received the above immunizations

Signed _____ Title _____ Date _____
(Physician, nurse or school authority- Do not sign unless minimum requirement for MMR - measles, mumps and rubella - and Hepatitis B - are met)

AUTHORIZATION FOR MEDICAL TREATMENT

For All Students:

By signature, I verify that the information on this form is accurate and true. By signature, I give permission for diagnosis, therapeutic, and operative procedures as may be deemed necessary for me.

Signature _____ Printed Name _____ Date _____

Certificate of Exemption

Current Date: _____

_____ Name of Student (please print)	_____ Date of Birth	_____ Name of University
_____ City	_____ State	_____ Zip Code

TYPE OF EXEMPTION

MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

1. Immunization(s): _____
2. Immunization(s): _____
3. Immunization(s): _____

_____ Physician Name (Please Print)	_____ Date
_____ Physician Signature (Please Print)	

SPECIFY CONTRAINDICATIONS:

1. RELIGIOUS OBJECTION:

I hereby certify that immunization(s) is/are contrary to the teachings of the above named student's religion.

2. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the University I may have to be excluded for my protection and for the protection of other students at the university.

Briefly summarize your objections in this space: _____

3. PLEASE CHECK WHICH IMMUNIZATIONS THIS EXEMPTION APPLIES TO:

<input type="checkbox"/> MMR (Measles, Mumps and Rubella)	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> DtaP/TD (Diphtheria, Tetanus & Pertussis)
<input type="checkbox"/> Meningitis (for students living in Residence Halls only)	<input type="checkbox"/> Rabies

Signature of Student (or parent if student is a minor)