Cornell University Hospital for Animals

College of Veterinary Medicine

Licensed Veterinary Technician Preceptor Program Application

Box 35 Veterinary Medicine Teaching Hospital Ithaca NY 14853

lvtpp@cornell.edu (p) 607-253-3030 (f) 607-253-3056

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinary Technology Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Completion Date of Vet Tech Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all Core Courses Completed (use back of this sheet if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Animal Related Experience and approximate number of hours (use back of this sheet if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Experience  Hours Experience  Hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Experience  Hours Experience  Hours

Please list your top four areas you would like a preceptorship in

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to this application please send to the address above –

1. One Academic Recommendation that can speak on your learning style, GPA, personal demeanor, animal handling skills and that you have completed two full semesters of study. See prompts on page 2.
2. Cover Letter that includes what you would like to gain from the externship program and your future career goals.
3. Current Resume
4. Your college’s preceptorship requirements and evaluation forms

**2021 Cornell University Hospital for Animals**

**and**

**Janet L. Swanson Wildlife Preceptorship**

**Letter of Recommendation Directions and Prompts**

**Directions:** Please send your recommender the following prompts which must be addressed in your letter of recommendation.

The recommender should:

* Submit their letter of recommendation to lvtpp@cornell.edu no later than February 22, 2021, to ensure consideration.
* The recommender should submit their recommendation from a professionally affiliated email address,

 (i.e. NOT gmail, yahoo, hotmail).

* When your recommender emails the letter of recommendation, they should use the applicant’s name in the subject line.
* Should include their full name, affiliation/relationship to you, their email address and phone number where they can be reached for further questions.
* Prompts can be cut and pasted into a Word document or email from this document.

Recommender, please answer the following:

1. What would you say are the applicant’s top 3 strengths?
2. What would you say are/were the applicant’s top 3 areas that need improvement to increase professional performance?
3. What would you say is/was the applicant’s most significant accomplishment with your organization?
4. What guidance would you give on how best to guide and motivate the applicant?
5. Based on your interactions with the applicant please rate their skill level for the following: (1=Deficient, 4=Average, 7=Exceeded expectations)
6. \_\_\_\_\_\_ Adapts to changing priorities, situations, and demands, and is receptive to new ideas and approaches.
7. \_\_\_\_\_ Is honest and trustworthy; has a high standard for personal conduct and professionalism within the workplace.
8. \_\_\_\_\_ Always follows work policies and procedures.
9. \_\_\_\_\_ Receives and implements performance feedback, while demonstrating responsibility for their actions.
10. \_\_\_\_\_ Demonstrates the ability to express thoughts clearly, both orally and in writing, and demonstrates effective listening skills.
11. \_\_\_\_\_ Shows commitment to work, and building strong working relationships in order to solve problems and achieve common goals.
12. \_\_\_\_\_ Is approachable/accessible to others, and reaches out to be helpful in a timely and responsive manner.
13. \_\_\_\_\_ Shows initiative, anticipates needs, and takes action.
14. \_\_\_\_\_ Delivers work on time.
15. \_\_\_\_\_ Keeps up to date with relevant technologies in their field, and seeks continuous learning opportunities.
16. \_\_\_\_\_ Effectively handles pressure and stress..
17. \_\_\_\_\_ Is punctual and has good attendance habits.