

Oklahoma State University
Department of Veterinary Clinical Sciences
Academic Review Program Application Checklist

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

Name _____

Social Security # _____

Program Fee: \$5,000: Fall Semester 2009
 If applicable, SEVIS processing fee of \$500.

Spring Semester 2010)

ITEM	COMPLETED/REQUESTED
• Completed Academic Review Application	_____
• Copy of current Visa/passport	_____
• Completed I-20 (with financial support documentation)	_____
• Completed Citi-Assist Application (only if you will be applying for a loan) (please call to request an application)	_____
• Copy of Social Security Card (if you have one)	_____
• Proof of medical insurance coverage	_____
• Rabies Vaccination Verification (return with application) If not vaccinated, can obtain rabies vaccination when you arrive for a cost of \$600+	_____
• Immunizations Information (return with application)	_____
• Transcript of grades/marks from Veterinary School or a certified transcript (a notarized copy of the original in your possession will be acceptable). (The notary is verifying that you are sending an exact copy of your copy only.)	_____
• Certified English translation of ALL your transcripts	_____
• Explanation of the point grading system	_____
• A notarized <u>copy</u> of your veterinary diploma	_____
• Copy of your English Exam Scores: TSE, TOEFL, TWE	_____
• <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>	_____
• 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.	_____
• Curriculum Vitae _____ or Resume _____	_____
• (Please check which one you have enclosed)	_____

**APPLICATION FOR GRADUATES OF FOREIGN VETERINARY SCHOOLS
Academic Review Program**

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)

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

If yes, what type of Visa: _____

- 1) **To participate in the Program, you must hold an F-1 Visa.**
- 2) **Complete the I-20 form and provide the required information.**
- 3) **Do not arrive to OSU to begin your program until you have obtained the F-1 Visa.**

Will you be applying for a City-Assist Loan? __ Yes __ No

If yes, please call (405) 744-8472 or (405) 744-8468 to request a Citi-Assist Loan Application.

Nearest Relative's Name & Address _____

Nearest Relative's Phone # _____

Pre-Veterinary Medical Education

College	Dates Attended	Degree	Major
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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 Academic Review Program at Oklahoma State University.

Signature	Date
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Print Name

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

Academic Review Agreement

I agree not to institute any action, suit, or claim, at law or in equity, against the Center for Veterinary Health Sciences, 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 take or pass the NAVLE Exam or to comply with any of the requirements for taking/passing such exam.

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 _____

Notary Public

S E A L

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 your application to:
Oklahoma State University
Center for Veterinary Health Sciences
Department of Veterinary Clinical Sciences
1 BVMTH, Room 002G
Stillwater, OK 74078-2041

**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: _____

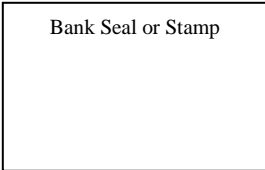
Signature of Guarantor Date

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 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

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 Academic Review 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 Clinical Sciences
1 BVMTH, Room 002G
Stillwater, OK 74078-2041**



OKLAHOMA STATE UNIVERSITY
Center for Veterinary Health Sciences
DEPARTMENT OF VETERINARY CLINICAL SCIENCES
1 BVMTH, ROOM 002G
STILLWATER, OK 74078-2041
Phone: (405) 744-8468
Fax: (405) 744-6265

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, the 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</small>	#1	#2	#3	#4	(Td) booster

Meningococcal Quadrivalent polysaccharide vaccine	#1
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Enter date test was given
(Month, Day, Year)

#1
#2

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 treatment & outcome of 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

_____ 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)