VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
Petition for Primary Care Credit at Vanderbilt

***No credit will be given for less than 29 half days of work or for work for which a student has been paid. You must be registered for this course before beginning your rotation for liability coverage to be in effect. Students may not be supervised by a parent or relative.

STUDENT NAME: ___________________________ CELL PHONE: _______________________

IMMERSION PHASE DATES:

_____ Section 7 July (7/6/15 – 7/31/15)  _____ Section 1 Jan. (1/4/16 – 1/29/16)
_____ Section 11 Nov. (10/26/15 – 11/20/15)  _____ Section 5 May (5/9/16 – 6/3/16)

***Please rank below your first, second, third, and fourth choices. Once the rotation schedule is worked out, you will receive an email with additional necessary information about your rotation.

Medicine Setting:

_____ Adult Ambulatory Medicine – Combined with VUH and Community Physicians

_____ Family Practice – Community Family Practice Setting

Pediatric Setting:

_____ Ambulatory Pediatrics at VUH – (PAC Clinic)

_____ Community Pediatrics Setting

Student Signature ___________________________________ Date _______________________

Please return completed form to Faapio Poe in MCN D3100 for Department approval.

For Office Use:

Department Approval ___________________________________ Date _______________________

PS ___________ OLG COMPLETE ___________ CONFLICT _____________________________