

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE Primary Care Setting Request

*****No credit will be given for less than 28 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:** _____

I have registered for the following Immersion Phase section:

- | | |
|---|---|
| <input type="checkbox"/> Section 7 July (7/06 – 7/31/20) | <input type="checkbox"/> Section 1 Jan. (1/4 – 1/29/21) |
| <input type="checkbox"/> Section 8 Au. (8/03 – 8/28/20) | <input type="checkbox"/> Section 2 Feb. (2/08 – 3/05/21) |
| <input type="checkbox"/> Section 9 Sept. (8/31 – 9/25/20) | <input type="checkbox"/> Section 3 Mar. (3/08 – 4/02/21) |
| <input type="checkbox"/> Section 10 Oct. (9/28 – 10/23/20) | <input type="checkbox"/> Section 4 April (4/05 – 4/30/21) |
| <input type="checkbox"/> Section 11 Nov. (10/26 – 11/20/20) | <input type="checkbox"/> Section 5 May (5/10 – 6/4/21) |
| <input type="checkbox"/> Section 12 Dec. (11/23– 12/18/20) | <input type="checkbox"/> Section 6 June (6/07 – 7/02/21) |

***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 the Primary Care office, D-3100, MCN

For Office Use:

Department Approval

Date

PS _____ OLG COMPLETE _____ CONFLICT _____