**VANDERBILT UNIVERSITY SCHOOL OF MEDICINE**

**Petition for Primary Care Credit at Vanderbilt**

***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:

- [ ] Section 7    July (7/08 – 8/02/19)
- [ ] Section 8    Aug. (8/05 – 8/30/19)
- [ ] Section 9    Sept. (9/03 – 9/27/19)
- [ ] Section 10   Oct. (9/30 – 10/25/19)
- [ ] Section 11   Nov. (10/28 – 11/22/19)
- [ ] Section 12   Dec. (11/25 – 12/20/19)
- [ ] Section 1    Jan. (1/6 – 1/31/20)
- [ ] Section 2    Feb. (2/10 – 3/06/20)
- [ ] Section 3    Mar. (3/09 – 4/03/20)
- [ ] Section 4    April (4/06 – 5/01/20)
- [ ] Section 5    May (5/11 – 6/5/20)
- [ ] Section 6    June (6/08 – 7/02/20)

***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

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For Office Use:

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Department Approval                                      Date

PS   OLG COMPLETE     CONFLICT