

## VANDERBILT UNIVERSITY SCHOOL OF MEDICINE Petition for Primary Care Credit Away from 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:** If the dates of the clerkship are inconsistent with these dates, please select the unit for which credit will be given.

Section 7 July (7/06 – 7/31/20)

Section 1 Jan. (1/04 – 1/29/21)

Section 8 Aug. (8/03 – 8/28/20)

Section 2 Feb. (2/08 – 3/05/21)

Section 9 Sept. (8/31 – 9/25/20)

Section 3 Mar. (3/08 – 4/02/21)

Section 10 Oct. (9/28 – 10/23/20)

Section 4 April (4/05 – 4/30/21)

Section 11 Nov. (10/26 – 11/20/20)

Section 5 May (5/10 – 6/04/21)

Section 12 Dec. (11/23 – 12/18/20)

Section 6 June (6/07 – 7/02/21)

\_\_\_\_\_  
Supervising Attending (Please Print)

\_\_\_\_\_  
Primary Care Location

\_\_\_\_\_  
Supervising Attending E-Mail Address (Please Print)

\_\_\_\_\_  
Primary Care Address

\_\_\_\_\_  
Supervising Attending Telephone Number

\_\_\_\_\_  
Primary Care City & State

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please return completed form to Office of Enrollment Services, 224 Eskind or via email to [medregistrar@vanderbilt.edu](mailto:medregistrar@vanderbilt.edu).**

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For Office Use:

\_\_\_\_\_  
Associate Dean for UME

\_\_\_\_\_  
Date

CONFLICT \_\_\_\_\_