



M4 Clinical Independent Studies Home and Away Rotations

This form must be completed and approved 6 weeks prior to the rotation start date. Failure to do so may result in a “not for credit” elective month.

- You must complete all sections of this petition form & attachments and obtain all signatures before you will be registered for the course for credit. (You must be registered in order for liability coverage to be in effect.)
- No credit will be granted for work for which a student has been paid.
- Student may not be supervised by a parent or relative.

Student Name: _____

Date: _____

Rotation Start Date: _____

Rotation End Date: _____

Duration of Elective: _____

4 Weeks

2 Weeks

Petition for HOME Clinical Rotation Credit (MDE 8900)

(gold section)

Petition for AWAY Clinical Rotation Credit (MDX 8011)

(blue section)

For HOME Rotation, complete the following **and** attach a rotation description (examples of Away Rotation Sample Descriptions can be found on [4th year GPS](#))

Course/Elective Title: _____

Institution Name: _____

Address, City, State & Zip Code: _____

Institution Supervising Faculty or contact person: _____

Supervising faculty or contact person email address: _____

Contact Telephone #: _____

Signature for Approval from Faculty: _____ I certify I am UCF COM Faculty (initial here): _____

Initial that you understand and/or have completed each of the following for this HOME rotation:

1. As part of this rotation/study I will not be rotating at a local hospital ____ **OR** as part of this rotation/study I will be rotating at one of the following:

____ Nemours ____ UCF Health ____ HCA Lake Nona Medical Center ____ Lake Nona VA ____ Bay Pines VA ____ Other: _____

2. I have confirmed that the supervising faculty is currently UCF COM affiliated and located in the State of Florida. ____ (confirm via [directory search here](#) or by emailing volunteerfaculty@ucf.edu)

3. If you will be rotating at one of the above hospitals, please initial that you have reviewed the credentialing requirements found [here](#): ____

4. I have discussed first day reporting instructions with the supervising physician, as well as any requirements expected to be completed by me prior to the first day of the rotation. ____

Student Signature: _____

Date: _____

Elective Director Signature or Student Affairs Dean: _____

Date: _____



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Student Name: _____

Date: _____

Rotation Start Date: _____

Rotation End Date: _____

Duration of Elective: _____ 4 Weeks _____ 2 Weeks

For AWAY Rotation, complete the following **and** attach a rotation description (examples of Away Rotation Sample Descriptions can be found on [4th year GPS](#))

Course/Elective Title: _____

Are you submitting this rotation for AI credit? (Review qualifying definition of an AI [here](#)):

Away Institution Name: _____

Away Institution Address, City, State & Zip Code: _____

Away Institution Supervising Faculty or Contact Person: _____

Away Institution Supervising faculty or contact person email address: _____

Away Institution Contact Telephone #: _____

Away Institution Supervising Faculty Signature (NOTE: Applicable ONLY IF you are setting this rotation up directly with the supervising faculty and not through the host institution): _____

Initial that you understand and/or have completed each of the following for the AWAY rotation:

1. The supervising physician is a faculty member at an accredited medical school/residency program. (Note: if this is not satisfied, you may NOT complete the rotation. Credit will be denied.) _____
2. I understand that it is **my** responsibility to provide the supervising faculty with an evaluation form before the end of the rotation, and to provide them with instructions on submitting the form to the COM. _____
3. I have arranged for housing for the duration of the rotation. _____
4. I understand that it is my responsibility to inquire if the host institution requires an affiliation agreement in advance and if applicable, contact Alisha Corsi, MD Registrar _____
5. I have obtained the course description and will attach it with my submission _____

Student Signature _____

Date: _____

Elective Director Signature or Student Affairs Dean: _____

Date: _____

**Please copy and paste the course/rotation description using the box below
(Do not just copy and paste the link. We need the description) OR
attach the document (word or PDF) with the description. Send
completed petitions to coursepetitions@ucf.edu**