



### 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 [4<sup>th</sup> year GPS](#))

Course/Elective Title: \_\_\_\_\_

Are you submitting for AI credit?

Institution Name: \_\_\_\_\_

Address, City, State & Zip Code: \_\_\_\_\_

Institution Supervising Faculty or contact person: \_\_\_\_\_

Supervising faculty or contact person email address: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

I have accepted this rotation through VSLO or Clinician Nexus:

If you answered no to the question above, a signature from the UCF COM Faculty member will be required below:

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:
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](mailto: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: \_\_\_\_\_



## M4 Clinical Independent Studies Home and Away Rotations

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 [4<sup>th</sup> 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: \_\_\_\_\_

**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](mailto:coursepetitions@ucf.edu)**