

DUE
1/24/2004

2004 SPRING QUARTER ROTATION SUBMISSION RECORD

PRINT
CLEARLY

Student Name: _____ SS #: _____
 Phone/Beeper #: _____ Class: _____
 I am: _____ A PCC Student _____ In A Pilot Program _____ A Primary Care Associate

- Criteria:** I certify that the following criteria have been met before submitting this form to my CORE Administrator
- 1 The rotations have been approved and housing has been secured if needed.
 - 2 A Physician Information Form (PIF) is on file at the CORE office.
 - 3 Special Petition, if needed, has been approved.

Student Signature: _____ Date: _____

Place an X inside the box if you wish to register for the Case--Based Paper (OCOM 785) this quarter.

DATE	ALL ROTATIONS	Required	900	891	891N	OFFICE USE ONLY		
						Call #	PIF #	Letter
2/9/2004								
2/16/2004								
2/23/2004								
SPRING QUARTER								
3/1/2004								
3/8/2004								
3/15/2004								
3/22/2004								
3/29/2004								
4/5/2004								
4/12/2004								
4/19/2004								
4/26/2004								
5/3/2004								
5/10/2004								
5/17/2004								
5/24/2004								
SUMMER QUARTER								
5/31/2004								
6/7/2004								
3/15/2004								

1st ELECTIVE ROTATION: _____ Dates: _____ # Weeks _____

Preceptor Information: _____ Degree: _____
First M.I. Last

Address: _____

Street City Zip

Relative: yes _____ no _____ Phone # _____

Send Externship Letter to: _____ Preceptor _____ DME

Name & Address: _____

CORE Administrator signature: _____ Date: _____
 CORE Hospital: _____

