COMMUNITY PRIMARY CARE ELECTIVE INFORMATION

The Brody School of Medicine at East Carolina University

Office of Student Affairs, Brody 2S-20, 600 Moye Blvd, Greenville, NC 27834

Phone: (252) 744-2278 Fax: (252) 744-3250

Students: Please submit this form with the preceptor’s signature **two months** prior to rotation.

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| **Student Information** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | Sex: | o Male | | | o Female | | | | | |  | **Degree** | | |
|  |  | |  | | | | | | | | |  | | **Sought** | | |
| Student Phone: |  | | Year: | | Class of: | | | |  | | |  | |  | ANP | |
|  |  | |  | | | | | | | | |  | |  | CNM | |
| Student Address: |  | |  | | | | | | | | |  | |  | FNP | |
|  |  | |  | | | | | | | | |  | |  | GNP | |
|  |  | |  | | | | | | | | |  | |  | **X MD** | |
|  |  | |  | | | | | | | | |  | |  | PA | |
| Student E-mail: | @students.ecu.edu | | SS# last 4 digits: | | | |  | |  |  |  |  | |  | PharmD | |
| Specialty: check one | \_\_\_Family \_\_\_Internal Medicine | | \_\_\_OB/GYN \_\_\_Pediatrics | | | | | | | | |  | |  | PNP  o WHNP | |
| Course Name: | Community Primary Care | | Course Number: | | | | | OSA to assign | | | |  | |  |  | |
|  |  | |  | | | | | | | | |  | |  |  | |
| Course Director: | Robert Carroll, PhD | | Course Contact: | | | | Lisa Dozier | | | | | | | | |
|  | 252-744-2149 | Email: | | | | dozierl@ecu.edu | | | | | |  | |  |  |
| Block Number: |  | Fax: | | | | 252-744-2029 | | | | | |  | |  |  |
| Rotation Dates: |  |  | | | | Duration: weeks | | | | | |  | |  |  |
|  |  |  | | | |  | | | | | |  | |  |  |

BSOM verifies that this student is in good standing with the University, has completed all pertinent OSHA training, has received BSOM

required immunizations and is covered for liability during this community rotation.

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| **Community Practice Information** |

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| --- | --- | --- | --- | --- | --- | --- |
| Preceptor: |  | | Practice Name: |  | | |
|  |  | |  |  | | |
| Address: |  | |  |  | | |
|  |  | | Email: |  | |
| Phone: |  | | Fax: |  | |
| **Preceptor’s Signature:** | |  | | Date: |  | |
| **Student’s Signature:** | |  | | Date: |  | |
| **M-4 Curriculum Committee Signature:** | |  | | Date: |  | |

**AHEC HOUSING:**

AHEC Housing Requested: Yes No

## (If YES, students must complete the online AHEC Student Housing Application at: <http://my.ncahec.net/>)