**Career Planning Elective Request Form**

Name: Date of Request:

If you are certain which block your elective falls in, please circle it below. Otherwise leave it blank.

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| **Block 1A**07/05/2022 –07/15/2022 | **Block 1B**07/18/2022 – 07/29/2022 | **Block 1C**08/01/2022 –08/12/2022 | **Block 1D**08/15/2022 –08/26/2022 | **Block 1E**08/29/2022 – 09/09/2022 | **Block 1F**09/12/2022 – 09/23/2022 |

Please select your preferred top 3 choices for your elective by placing a 1, 2, and 3 under the appropriate specialty.

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| Anesthesiology | Radiation Oncology | Pediatric - Genetics & Metabolic Disease  |
| Child Psychiatry | Radiology | Pediatric - Allergy/Immunology |
| Culinary Medicine  | Vascular Surgery | Pediatric – Nephrology |
| Dermatology | Internal Medicine - Infectious Diseases | Pediatric – Endocrinology |
| ENT | Internal Medicine – Rheumatology | Pediatric – Rheumatology |
| Family Practice  | Internal Medicine – Pulmonary | Pediatric - Hematology/Oncology |
| Female Pelvic Reconstruction | Internal Medicine – Gastroenterology   | Pediatric - Gastroenterology & Nutrition |
| Neurosurgery | Internal Medicine – Geriatrics | Pediatric – Cardiology |
| Ophthalmology | Internal Medicine - Allergy/Immunology | Pediatric – Infectious Disease |
| Orthopedics | Internal Medicine – Nephrology | Children’s Palliative Care |
| Pathology | Internal Medicine – Endocrine | Urology |
| Physical Medicine and Rehabilitation | Internal Medicine – Cardiology | Comments / Notes: |
| Plastic Surgery | Internal Medicine - Hematology-Oncology |