**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**07/03/2023 –07/14/2023 | **Block 1B**07/17/2023 – 07/28/2023 | **Block 1C**07/31/2023 –08/11/2023 | **Block 1D**08/14/2023 –08/25/2023 | **Block 1E**08/28/2023 – 09/08/2023 | **Block 1F**09/11/2023 – 09/22/2023 |

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 PsychiatryNot available | Radiology | Pediatric - Allergy/Immunology |
| Culinary Medicine  | Vascular Surgery | Pediatric – Nephrology |
| Dermatology | Internal Medicine - Infectious Diseases | Pediatric – Endocrinology |
| ENT | Internal Medicine – Rheumatology | Pediatric - Hematology/Oncology |
| Family Practice  | Internal Medicine – Pulmonary | Pediatric - Gastroenterology & Nutrition |
| Female Pelvic Reconstruction | Internal Medicine – Gastroenterology   | Pediatric – Cardiology |
| Neurosurgery | Internal Medicine – Geriatrics | Pediatric – Infectious Disease |
| Ophthalmology | Internal Medicine - Allergy/Immunology | Urology |
| Orthopedics | Internal Medicine – Nephrology | Comments / Notes: |
| Pathology | Internal Medicine – Endocrine |
| Physical Medicine and Rehabilitation | Internal Medicine – Cardiology |
| Plastic Surgery | Internal Medicine - Hematology-Oncology |