**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 4A**03/27/2022 –04/07/2022 | **Block 4B**04/10/2022 – 04/21/2022 | **Block 4C**04/24/2022 –05/05/2022 | **Block 4D**05/08/2022 –05/19/2022 | **Block 4E**05/22/2022 – 06/02/2022 | **Block 4F**06/05/2022 – 06/16/2022 |

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