**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**07/01/2024 –07/12/2024 | **Block 1B**07/15/2024 – 07/26/2024 | **Block 1C**07/29/2024 –08/09/2024 | **Block 1D**08/12/2024 –08/23/2024 | **Block 1E**08/26/2024 – 09/06/2024 | **Block 1F**09/09/2024 – 09/20/2024 |

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 – GastroenterologyNot available  | Pediatric – Cardiology |
| Neurosurgery | Internal Medicine – Geriatrics | Pediatric – Infectious Disease |
| Ophthalmology | Internal Medicine - Allergy/ImmunologyNot available | Urology |
| Orthopedics | Internal Medicine – Nephrology | Comments / Notes: |
| Pathology | Internal Medicine – EndocrineNot available |
| Physical Medicine and Rehabilitation | Internal Medicine – CardiologyNot available |
| Plastic SurgeryNot available | Internal Medicine - Hematology-OncologyNot available |