**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 3A**01/06/2025 –01/17/2025 | **Block 3B**01/20/2025 – 01/31/2025  | **Block 3C**02/03/2025 –02/14/2025 | **Block 3D**02/17/2025 –02/28/2025 | **Block 3E**03/03/2025 – 03/14/2025 | **Block 3F**03/17/2025 – 03/28/2025 |

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 DiseaseNot Available |
| Orthopedics | Internal Medicine - Allergy/ImmunologyNot Available  | Urology |
| Pathology | Internal Medicine – Nephrology | Comments / Notes: |
| Peru – Only select if you have been approved. | Internal Medicine – EndocrineNot Available |
| Physical Medicine and Rehabilitation | Internal Medicine – Cardiology   |
| Plastic Surgery | Internal Medicine - Hematology-Oncology Not Available |
| Radiation Oncology  | Pediatric - Genetics & Metabolic Disease |