**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**01/06/2020 –01/17/2020 | **Block 3B**01/20/2020 – 01/31/2020  | **Block 3C**02/03/2020 –02/14/2020 | **Block 3D**02/17/2020 –02/28/2020 | **Block 3E**03/02/2020 – 03/13/2020 | **Block 3F**03/16/2020 – 03/27/2020 |

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 | Urology | Internal Medicine - Hematology-Oncology  |
| Dermatology | Physical Medicine and Rehabilitation | Pediatric - Genetics & Metabolic Disease |
| ENT | Vascular Surgery | Pediatric - Allergy/Immunology |
| Family Practice | Internal Medicine - Infectious Diseases | Pediatric – Pulmonology |
| Female Pelvic Reconstruction | Internal Medicine – Rheumatology | Pediatric - Infectious Diseases |
| Neurosurgery  | Internal Medicine – Pulmonary | Pediatric – Nephrology |
| Ophthalmology | Internal Medicine – Gastroenterology  Not Available  | Pediatric – Endocrinology |
| Orthopedics | Internal Medicine – Geriatrics | Pediatric – Rheumatology |
| Pathology | Internal Medicine - Allergy/Immunology | Pediatric - Hematology/Oncology |
| Plastic Surgery | Internal Medicine – Nephrology | Pediatric - Gastroenterology & Nutrition |
| Radiation Oncology | Internal Medicine – EndocrineNot Available | Pediatric – Cardiology |
| Radiology | Internal Medicine – Cardiology | Child Psychiatry |