**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 2A**09/26/2022 –10/07/2022 | **Block 2B**10/10/2022 – 10/21/2022 | **Block 2C**10/24/2022 –11/04/2022 | **Block 2D**11/07/2022 –11/18/2022 | **Block 2E**11/21/2022 – 12/02/2022 | **Block 2F**12/05/2022 – 12/16/2022 |

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 – Rheumatology |
| Family Practice | Internal Medicine – Pulmonary | Pediatric - Hematology/Oncology |
| Female Pelvic Reconstruction  | Internal Medicine – Gastroenterology | Pediatric - Gastroenterology & Nutrition |
| Neurosurgery | Internal Medicine – Geriatrics   | Pediatric – Cardiology |
| Ophthalmology | Internal Medicine - Allergy/Immunology | Pediatric – Infectious Disease |
| Orthopedics | Internal Medicine – Nephrology | Children’s Palliative Care |
| Pathology | Internal Medicine – Endocrine | Urology |
| Physical Medicine and Rehabilitation | Internal Medicine – Cardiology | Comments / Notes: |
| Plastic Surgery | Internal Medicine - Hematology-Oncology |
| Radiation Oncology | Pediatric - Genetics & Metabolic Disease |