**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**01/04/2021 –01/15/2021 | **Block 3B**01/18/2021 – 01/29/2021  | **Block 3C**02/01/2021 –02/12/2021 | **Block 3D**02/15/2021 –02/26/2021 | **Block 3E**03/01/2021 – 03/12/2021 | **Block 3F**03/15/2021 – 03/26/2021 |

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