**Career Planning Elective Request Form**

Name: Date of Request:

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 | Physical Medicine and Rehabilitation | Pediatric - Genetics & Metabolic Disease |
| Dermatology | Vascular Surgery | Pediatric - Allergy/Immunology |
| ENT | 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 | 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 – Endocrine | Pediatric – Cardiology |
| Radiology | Internal Medicine – Cardiology | Pediatric – PICU |
| Urology | Internal Medicine - Hematology-Oncology |  |