**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Block 4A**03/25/2024 –04/05/2024 | **Block 4B**04/8/2024 – 04/19/2024 | **Block 4C**04/22/2024 –05/03/2024 | **Block 4D**05/06/2024 –05/17/2024 | **Block 4E**05/20/2024 – 05/31/2024 | **Block 4F**06/03/2024 – 06/14/2024 |

Please select your preferred top 3 choices for your elective by placing a 1, 2, and 3 under the appropriate specialty.

|  |  |  |
| --- | --- | --- |
| Anesthesiology | Radiology | Pediatric - Allergy/Immunology |
| Child Psychiatry | Vascular Surgery | Pediatric – Nephrology |
| Dermatology | Internal Medicine - Infectious Diseases | Pediatric – Endocrinology |
| ENT | 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/ImmunologyNot Available | Pediatric – Infectious Disease |
| Pathology | Internal Medicine – Nephrology | Urology |
| Peru – Only select if you have been approved.  | Internal Medicine – EndocrineNot Available | Comments / Notes: |
| Physical Medicine and Rehabilitation | Internal Medicine – Cardiology |
| Plastic Surgery | Internal Medicine - Hematology-OncologyNot Available |
| Radiation Oncology | Pediatric - Genetics & Metabolic Disease  |