

Career Planning Elective Request Form

Name: _____

Date of Request: _____

If you are certain which block your elective falls in, please check it below. Otherwise leave it blank.

Block 2A 09/29/2025 –10/10/2025	Block 2B 10/13/2025 – 10/24/2025	Block 2C 10/27/2025 –11/07/2025	Block 2D 11/10/2025 –11/21/2025	Block 2E 11/24/2025 – 12/05/2025	Block 2F 12/08/2025 – 12/19/2025
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Please select your preferred top 3 choices for your elective by placing a 1, 2, and 3 under the appropriate specialty.

Anesthesiology	Urology	Pediatric - Genetics & Metabolic Disease
Child Psychiatry	Internal Medicine - Infectious Diseases	Pediatric - Allergy/Immunology
ENT	Internal Medicine – Rheumatology	Pediatric – Nephrology
Family Practice	Internal Medicine – Pulmonary	Pediatric – Endocrinology
Neurosurgery	Internal Medicine – Gastroenterology	Pediatric - Hematology/Oncology
Ophthalmology	Internal Medicine – Geriatrics	Pediatric - Gastroenterology & Nutrition
Orthopedics	Internal Medicine - Allergy/Immunology Not Available	Pediatric – Cardiology
Pathology	Internal Medicine – Nephrology	Comments / Notes:
Physical Medicine and Rehabilitation	Internal Medicine – Endocrine	
Radiation Oncology	Internal Medicine – Cardiology Not Available	
Radiology	Internal Medicine - Hematology-Oncology Not Available	
Vascular Surgery		